

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000017491

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** EQUESTRIAN GAMING, LLC

**Current Principal Place of Business:**

4596 WINDWARD COVE LANE  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

4596 WINDWARD COVE LANE  
WELLINGTON, FL 33449

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOROTKIN, ALAN  
4719 130TH AVENUE SOUTH  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KOROTKIN, ALAN  
Address: 4596 WINDWARD COVE LANE  
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM  
Name: KOROTKIN, KIRSTY  
Address: 4596 WINDWARD COVE LANE  
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALAN KOROTKIN

MR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date