

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038614

**Entity Name:** TRACY STABLES, LLC

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12119 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

12119 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

P O BOX 477  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 45-1291235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:** MGRM  
**Name:** ESCALES, DANA  
**Address:** P O BOX 477  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** MGRM  
**Name:** TRACY, PAUL  
**Address:** P O BOX 477  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

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:** DANA ESCALES

MGRM

01/11/2012

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