

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000011309

**FILED**  
**Jan 21, 2014**  
**Secretary of State**

**Entity Name:** WELLINGTON EDGE EQUESTRIAN CENTER LLC

**Current Principal Place of Business:**

556 B ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

556 B ROAD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 45-4350747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIER, SETH S  
556 B ROAD  
LOXAHATCHEE, FL 33470 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:** SETH S. BRIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** BRIER, SETH S  
**Address:** 556 B ROAD  
**City-St-Zip:** LOXAHATCHEE, FL 33470

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** SETH S. BRIER

MGRM

01/21/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date