2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9600000732 1. Entity Name MANSELL STABLES, L.C.										
IVIANSEL	L STABLES, L.C.			FILED						
Principal Plac	ee of Business	Mailing Address			OI JAN 29 AM 8:24					
161 GOMEZ ROAD		161 GOMEZ ROAD			SCORETARY OF STATE					
HOBE SOUND FL 33455		HOBE SOUND FL 33455			SECRETARY OF STATE TALEAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address			7 1 100 1101 1 101 101 10 101 10 101 10 10					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				_	
City & State		City & State		4. FEIN	65-0677008	 	oplied For ot Applicable]		
Zip	Country	Zip	Coun	try .	5. Certi	ficate of Status Desired	\$5.00 Ad Fee Require			
	6. Name and Address of Current	Registered Agent		Name	7. Name	e and Address of New Registere	d Agent]:	
MANGELL	, FRANK L			Name						
161 GOMEZ ROAD				Street Address (Street Address (P.O. Box Number is Not Acceptable)					
HOBE SOUND FL 33455				,		<u> </u>			1	
				City		F	L Zip Cod	Je	1	
8. The above	named entities this statement to	or the purpose of changing it	ts registere	ed office or register	ed agent,	or both, in the State of Florida]	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).										
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	•			FEE IS \$50.00 o Department o	f State					
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9.	MANAGING MEME	Delete	10.	<u> </u>		ADDITIONS/CHANGE	∴S Change	☐ Addition	ļ§	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.										
	· Janet	THE MARIE	2000	j)	1,	26/01 56/5	14-14	1/8		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date Date Description Prone *										