

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

4680/00

**PIN OAK STUD, LLC**

Mailing Address

PO BOX 68, 830 GRASSY SPRINGS ROAD  
VERSAILLES KY 40383

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

Applied For

Not Applicable

☐ **\$5.00** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**

3/10/03 (859) 873-4477  
Date Daytime Phone #