

MI20000000457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

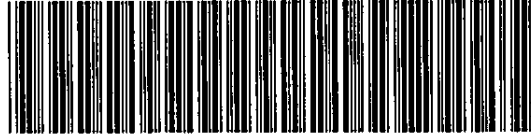
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/18/15--01007--017 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH SHORE DRESSAGE, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALIX SZEPESI

Name of Person

LITCHFIELD HILLS DRESSAGE, LLC

Firm/Company

PO BOX 1862

Address

LITCHFIELD, CT, 06759-1862

City/State and Zip Code

ALIX @ LITCHFIELDHILLS DRESSAGE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALIX SZEPESI

Name of Person

at (978) 317-0059

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

~~Enclosed is a check for the following amount:~~

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NORTH SHORE DRESSAGE, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M12000000457

3. Jurisdiction of its organization: MA

4. Date authorized to do business in Florida: 01/24/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: LITCHFIELD HILLS
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

DRESSAGE, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

CONNECTICUT (CT)

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Add

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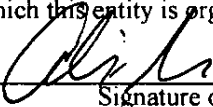
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

ALIX SZEPESEI

Typed or printed name of signee

Filing Fee: \$25.00

Business Inquiry



HOME



HELP

Name Change History

Business ID

1115836

Old Name

NORTH SHORE DRESSAGE, LLC

Business Name

LITCHFIELD HILLS DRESSAGE, LLC

Filing Number


0005298291

Filing Date

Mar 09, 2015

[Back](#)

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TALLAHASSEE, FLORIDA

Business Inquiry HOME HELP**Business Details**Business Name: LITCHFIELD HILLS
DRESSAGE, LLCCitizenship/State
Inc: Domestic/CT

Business ID: 1115836

Last Report Filed
Year: 2014Business Address: ~~12 COUNTY ROAD, P.O. BOX
380, MORRIS, CT, 06763~~Business Type: Domestic Limited Liability
CompanyMailing Address: P.O. BOX 1862, LITCHFIELD,
CT, 06759, USA

Business Status: Active

Date Inc/Registration: Aug 09, 2013

Principals Details

Name/Title

Business Address

Residence Address

ALIX SZEPESI
MEMBER~~42 COUNTY ROAD, P.O. BOX
380, MORRIS, CT, 06763~~110 CAMP DUTTON ROAD, P.O. BOX 1862,
LITCHFIELD, CT, 06759**Agent Summary**

Agent Name ALIX SZEPESI

Agent Business
Address: ~~10 COUNTY ROAD, MORRIS, CT, 06766~~Agent Residence
Address: 110 CAMP DUTTON RD, PO BOX 1862, LITCHFIELD, CT, 06759[Back](#)[View Filing History](#)[View Name History](#)[View Shares](#)FILED
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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name * CHANGE

Foreign Limited Liability Company

NORTH SHORE DRESSAGE, LLC → LITCHFIELD HILLS DRESSAGE, LLC

Filing Information

Document Number M12000000457
FEI/EIN Number 45-2950595
Date Filed 01/24/2012
State MA → CT
Status ACTIVE

Principal Address

c/o Wind Song Farm
13821 Fifty-Third Road South
Wellington, FL 33449

Changed: 04/09/2014

Mailing Address

P.O. Box 1862
Litchfield, CT 06759-1862

Changed: 04/10/2015

Registered Agent Name & Address

Waller, Denise
11781 W. Rambling Dr.
Wellington, FL 33414

Name Changed: 04/22/2013

Address Changed: 04/22/2013

Authorized Person(s) Detail

Name & Address

Title MGR

SZEPESI, ALIX
P.O. Box 1862
Litchfield, CT 06759-1862

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TALLAHASSEE, FLORIDA

Annual Reports

Report Year	Filed Date
2013	04/22/2013
2014	04/09/2014
2015	04/10/2015

Document Images

<u>04/10/2015 -- ANNUAL REPORT</u>	View image in PDF format
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<u>01/24/2012 -- Foreign Limited</u>	View image in PDF format

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