

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001461893))) · .



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STAMHAUGH & TARONE, P.A.

Account Number: I20020000028

: (561)832-0272

Phone Fax Number

: (561)832-0062

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EQUESTRIAN LIVING, LLC**

| *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *

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Help

COVER LEITER		
TO: Registration Section Division of Corporations		
SUBJECT: Equestrian Living, LLC		
Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Nathan S Ward		
Name of Person		
Firm/Company		
• •		
505 S. Flagler Drive, Suite 1400 Address		
• • • • • • • • • • • • • • • • • • • •		
West Palm Beach, FL 33401 City/State and Zip Code		
· · · · · · · · · · · · · · · · · · ·		
nward@pbcap.com E-mail address: (to be used for future annual report notification)		
B-man address. (to be used for future attitual report nontrication)		
For further information concerning this matter, please call:		
Nathan S Ward at (561) 659-0200		
Name of Person Area Code and 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 \$\sum_\$30 Filing Fee & \$\sum_\$555.00 Filing Fee & \$\sum_\$60 Filing Fee, \$\sum_\$Certificate of Status \$\sum_\$ Certified Copy \$\sum_\$ Certified Copy		
CD01103/8/03		

FILED 12 JUN -4 AM 8: 05 SECKLIARY OF STATES TALLAHASSEE, FLORIDA

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida Equestrian Living, LLC	
2. This entity was formed under the laws of	. Delaware	
3. This entity was authorized to transact but and its Florida document/registration number	siness in Florida on <u>April 27, 2012</u> or is <u>M12000002340</u> .	
4. The name and address of each manager or managing member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Nathan S Ward 505 S. Flagler Drive, Suite 1400 West Palm Beach, FL 33401	
MGR_	Shaun L. McGruder 505 S. Flagler Drive, Suite 1400 West Palm Beach, Fl. 33401	
MGR_	Suzanne Sturdivant 505 S, Flagler Drive, Suite 1400 West Palm Beach, FL 33401	
<u>.</u>		
· 		
1 1		
Required Signature: Signature of Manager.	Managing Member or Member	

Filing Fee: \$25