

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001264

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** CLOVER IV STABLES, LLC.

**Current Principal Place of Business:**

1770 WINCHESTER RD.  
PARIS, KY 40361

**New Principal Place of Business:**

15079 NW 141ST COURT  
WILLISTON, FL 32696

**Current Mailing Address:**

1770 WINCHESTER RD.  
PARIS, KY 40361

**New Mailing Address:**

15079 NW 141ST COURT  
WILLISTON, FL 32696

**FEI Number:** 61-1332046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBERTS, MARK  
15079 NW 141ST COURT  
WILLISTON, FL 32696 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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ROBERTS, MARK  
**Address:** 15079 NW 141ST COURT  
**City-St-Zip:** WILLISTON, FL 32696

**Title:** MGR  
**Name:** HALL, DAN  
**Address:** 1770 WINCHESTER RD.  
**City-St-Zip:** PARIS, KY 40361

**Title:** MGR  
**Name:** VELLA, DANIEL  
**Address:** 1770 WINCHESTER RD.  
**City-St-Zip:** PARIS, KY 40361

**Title:** MGR  
**Name:** BROTHERS, JACK  
**Address:** 1770 WINCHESTER RD.  
**City-St-Zip:** PARIS, KY 40361

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 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:** MARK ROBERTS

MGR

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date