

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000440

**Entity Name:** HORSE CENTS LLC

**Current Principal Place of Business:**

2800 PONCE DE LEON BOULEVARD  
SUITE 1125  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 26597  
SCOTTSDALE, AZ 85255 US

**FEI Number:** 41-2161157

**Certificate of Status Desired:** No

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

BREIER, ROBERT GESQ  
2800 PONCE DE LEON BOULEVARD  
SUITE 1125  
CORAL GABLES, FL 33134 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	TRST
Name	DINNERSTEIN, WENDY	Name	DINNERSTEIN, MARC
Address	PO BOX 66	Address	PO BOX 66
City-State-Zip:	LYLE WA 98635	City-State-Zip:	LYLE WA 98635

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARC DINNERSTEIN

**PRESIDENT**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date