

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000002071

**Entity Name:** HORSE TALES, LLC

**Current Principal Place of Business:**

118 PEARL AVE N  
NOKOMIS, FL 34275

**Current Mailing Address:**

118 PEARL AVE N  
NOKOMIS, FL 34275

**FEI Number:** 46-2334443

**Certificate of Status Desired:** No

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

TARLETON, LAURIE AMS  
118 PEARL AVE N  
NOKOMIS, FL 34275 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 MGRM  
Name TARLETON, LAURIE AMS  
Address 118 PEARL AVE N  
City-State-Zip: NOKOMIS FL 34275

*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:** LAURIE TARLETON

**PRESIDENT**

**02/21/2015**

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

\_\_\_\_\_  
Date