# 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: BRETT KELLY

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: KELLY THOROUGHBRED, LLC **Current Principal Place of Business:** 

728 SW RIVER BEND CIRCLE STUART, FL 34997

DOCUMENT# L17000018391

# **Current Mailing Address:**

728 SW RIVER BEND CIRCLE STUART. FL 34997 US

## FEI Number: 81-5122819

## Name and Address of Current Registered Agent:

KELLY, CARRIE M 728 SW RIVER BEND CIRCLE STUART, FL 34997 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KELLY, BRETT A	Name	KELLY, BRETT A
Address	728 SW RIVER BEND CIRCLE	Address	728 SW RIVER BEND CIRCLE
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

04/02/2024

Secretary of State 3610954698CC

FILED Apr 02, 2024

Date

Certificate of Status Desired: No

Date

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MANAGER