

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000487035

**Entity Name:** EQUINE REST AND RECOVERY, LLC

**Current Principal Place of Business:**

47 SW 165TH ST  
NEWBERRY, FL 32669

**Current Mailing Address:**

47 SW 165TH ST  
NEWBERRY, FL 32669 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PORTER, MICHAEL B  
47 SW 165TH ST  
NEWBERRY, FL 32669 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  
Name PORTER, MICHAEL B  
Address 47 SW 165TH ST  
City-State-Zip: NEWBERRY FL 32669

*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:** MICHAEL PORTER

**OWNER**

**05/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date