

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027091

**FILED**  
**Mar 21, 2005**  
**Secretary of State**

**Entity Name:** EQUINE VETERINARY SERVICES, L.L.C.

**Current Principal Place of Business:**

1429 SW DYER PT RD.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

1429 SW DYER PT RD.  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 06-1652488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELDER, ROBERT J III  
555 COLORADO AVENUE, SUITE 1  
STUART, FL 34994 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SANTAGATA, JULIE  
Address: 1429 SW DYER PT RD.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JULIE SANTAGATA

MGRM

03/21/2005

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