

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90027 032 ****50.00

DOCUMENT # L02000030850

1. Entity Name

~~ALEGUP, LLC~~ HORSES HELPING HUMANITY, LLC



Principal Place of Business

3000 MARION COUNTY ROAD
WEIRSDALE, FL 32195

Mailing Address

~~3000 MARION COUNTY ROAD~~ P.O. BOX 68
WEIRSDALE, FL 32195 - 0068



01282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3683757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

PARKS, DEBORAH
3000 MARION COUNTY ROAD
WEIRSDALE, FL 32195

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: PARKS, DEBORAH
STREET ADDRESS: ~~3000 MARION COUNTY ROAD~~ P.O. BOX 68
CITY-ST-ZIP: WEIRSDALE, FL 32195 - 0068

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Deborah M. Parks DEBORAH M. PARKS

4/6/04 (352) 753-3068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #