

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90152 042 ****50.00

DOCUMENT # L02000030850

1. Entity Name

HORSES HELPING HUMANITY, LLC



Principal Place of Business

3000 MARION COUNTY ROAD
WEIRSDALE FL 32195

Mailing Address

P.O. BOX 68
WEIRSDALE FL 32195-0068

2. Principal Place of Business

3. Mailing Address

P.O. BOX 318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEIRSDALE FL

Zip

Country

Zip

Country

32195-0318

USA

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

7. Name and Address of New Registered Agent

~~PARKS, DEBORAH~~ GLORIA AUSTIN
3000 MARION COUNTY ROAD - P.O. BOX 318
WEIRSDALE FL 32195

Name GLORIA AUSTIN

Street Address (P.O. Box Number is Not Acceptable)

3000 MARION COUNTY ROAD

City WEIRSDALE

FL

Zip Code 32195

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

Gloria Austin

1-27-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ~~MGR~~ ☒ Delete
NAME ~~PARKS, DEBORAH~~
STREET ADDRESS P.O. BOX 68
CITY-ST-ZIP WEIRSDALE FL 32195-0068

TITLE CFO ☒ Change ☐ Addition
NAME CHARON M. BOGNER
STREET ADDRESS P.O. BOX 318
CITY-ST-ZIP WEIRSDALE, FL 32195-0318

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Gloria Austin

1-27-05

753-3062

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

Date

Daytime Phone #