

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90274 007 ****50.00

DOCUMENT # L02000034894

1. Entity Name

HELPING HOOVES, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9814 SW 153rd AVE

Suite, Apt. #, etc.

3. Mailing Address

15304 SW 91st ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Archer, FL

City & State

Archer, FL

4. FEI Number

55-0812490

Applied For

Not Applicable

Zip

32618

Country

USA

Zip

32618

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GINA JOHNSON

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

9814 SW 153rd AVE

City

Archer

FL

Zip Code

32618

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ANTHONY MANCUSO
15304 SW 91st ST
Archer, FL 32618

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
NANETTE MANCUSO
15304 SW 91st ST
Archer, FL 32618

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

MGR ANTHONY MANCUSO 4/28/03 (352) 495-4399

CR2E083B (12/02)