

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093109

FILED
May 17, 2008
Secretary of State

Entity Name: CAROUSEL EQUINE CLINIC, LLC

Current Principal Place of Business:

17558 CR 455
MONTEVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560355
MONTEVERDE, FL 34756

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOWEN RADSON SCHROTH, P.A.
600 JENNINGS AVENUE
EUSTIS, FL 32726 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOELFEL, DONNA J DVM
Address: P.O. BOX 560355
City-St-Zip: MONTEVERDE, FL 34756

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 exemption stated in Chapter 119, 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: DONNA J. WOELFEL, DVM

MGR

05/17/2008

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