

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90030 024 ***143.75

DOCUMENT # L06000110046

1. Entity Name
EQUINE BEHAVIOR LLC



Principal Place of Business
**4401 ASHTON ROAD, STE E
SARASOTA, FL 34232**

Mailing Address
**400 KINGS DR
LAKE LURE, NC 28746**

50009058



2. Principal Place of Business - No P.O. Box #
4401 ASHTON ROAD

3. Mailing Address
PO BOX 651

Suite, Apt. #, etc.

STE E

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

LAKE LURE NC

Zip
34232

Country
USA

Zip
28746

Country
USA

07282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8232835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, LINDA C
4401 ASHTON ROAD, STE E
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM ☐ Delete
NAME
KING, LINDA C
STREET ADDRESS
4401 ASHTON ROAD, STE E
CITY-ST-ZIP
SARASOTA, FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

828-
Aug 1 2008 625-1860