

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 17 PM 3:46

DOCUMENT # L06000119988

1. Entity Name
EQUUS ARTS LLC



Principal Place of Business
25007 71ST AVE. EAST
MYAKKA CITY, FL 34251 US

Mailing Address
25007 71ST AVE. EAST
MYAKKA CITY, FL 34251 US



2. Principal Place of Business - No P.O. Box #
16119 Copeland Farms Rd.

3. Mailing Address
16119 Copeland Farms Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10012007 Chg-LLC CR2E083 (12/06)

City & State
Odessa, FL.

City & State
Odessa, FL

4. FEI Number
11-3798567

Applied For
Not Applicable

Zip
33556

Country
USA

Zip
33556

Country
USA

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

6. Name and Address of Current Registered Agent

ADAMS, MICHAEL G
25007 71ST AVE. EAST
MYAKKA CITY, FL 34251

7. Name and Address of New Registered Agent

Name JESSICA L. WRIGHT
Street Address (P.O. Box Number is Not Acceptable)
5527 LYNN LAKE DRIVE SOUTH
Apt. D
City St. Petersburg FL Zip Code 33712

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

10/14/07
DATE

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME UMHOEFER, MARLA A
STREET ADDRESS 25007 71ST AVE EAST
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE MGRM ☐ Delete
NAME NERO, LEESA A
STREET ADDRESS 16119 COPELAND FARMS ROAD
CITY-ST-ZIP ODESSA, FL 33556

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

☐ Change ☐ Addition
000110902140
10/17/07--01051--001 \$50.00

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
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
NAME
STREET ADDRESS
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: Leesa A. Nero LEESA A. NERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/14/07 (813) 334-3235
Date Daytime Phone #