2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008
Secretary of State

DOCUMENT# L07000043216

Entity Name: EQUINE THERAPEUTICS LLC

Current Principal Place of Business:

3855 W. DOUBLE J. ACRES RD
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

PO BOX 2474
LABELLE, FL 33975

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:

BAUCHERT, CHERYL
3855 W. DOUBLE J. ACRES RD.
ALVA, FL 33920 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: BAUCHERT, CHERYL
Address: 3855 W. DOUBLE J. ACRES RD.
City-St-Zip: ALVA, FL 33920

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: CHERYL BAUCHERT MGRM 06/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date