

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043216

FILED
Apr 22, 2009
Secretary of State

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 ()

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

04/22/2009

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