

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043216

**FILED**  
**Apr 06, 2011**  
**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

**Name:** BAUCHERT, CHERYL

**Address:** 3855 W. DOUBLE J. ACRES RD.

**City-St-Zip:** ALVA, FL 33920

I hereby 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

04/06/2011

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