

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043216

FILED
Apr 02, 2012
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:

3855 W. DOUBLE J. ACRES RD
LABELLE, FL 33935

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:

BAUCHERT, CHERYL
3855 W. DOUBLE J. ACRES RD.
LABELLE, FL 33935 US

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

04/02/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BAUCHERT, CHERYL
Address: 3855 W. DOUBLE J. ACRES RD.
City-St-Zip: LABELLE, FL 33935

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

04/02/2012

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