

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062192

Entity Name: OXFORD EQUINE, LLC

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

346 COUNTY ROAD 231  
VETERINARY OFFICE  
WILDWOOD, FL 34785 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 187  
OXORD, FL 34484 US

**New Mailing Address:**

FEI Number: 26-2906299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TODD, CAROLYN O DR  
346 COUNTY ROAD 231  
VETERINARY OFFICE  
WILDWOOD, FL 34785 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: MGR  
Name: TODD, CAROLYN O DR  
Address: 346 COUNTY ROAD 231  
City-St-Zip: WILDWOOD, FL 34785 US

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: CAROLYN TODD

DR

03/03/2010

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