

LD9000106336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equine Pharmaceutical
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederic Bousquet
Name of Person

Equine Pharmaceutical
Firm/Company

6911 Environ Blvd. Apt. 6H
Address

Lauderhill FL 33319
City/State and Zip Code

Fredericbousquet@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederic Bousquet at (754) 244-1993
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2009

FREDERIC BOUSQUET
6911 ENVIRON BLVD., APT. 6H
LAUDERHILL, FL 33319

SUBJECT: EQUINE PHARMACEUTICAL LLC
Ref. Number: L09000106336

We have received your document for EQUINE PHARMACEUTICAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 609A00036864

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Equine Pharmaceutical

2. (a) Principal office address of limited liability company: 6911 Environ Blvd. Apt. 6H

☐ (Note: MUST BE STREET ADDRESS) Lauderhill FL 33319

(b) Mailing address of limited liability company: Frederic Bousquet

☐ (Note: MAY BE POST OFFICE BOX) 6911 Environ Blvd. Apt. 6H
Lauderhill FL 33319

November 4, 2009 L09000106336

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Alan Fein

Registered Office Address: 843 SW 118 Terrace
Davie, Florida 33325

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Frederic Bousquet

NEW Registered Office Address: 6911 Environ Blvd. Apt. 6H
(MUST BE FLORIDA STREET ADDRESS) Lauderhill
FL 33319

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Frederic Bousquet
Signature of a member or authorized representative of a member

Frederic Bousquet
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Frederic Bousquet
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
09 DEC -8 PM 8:08
TALLAHASSEE
SECRETARY OF STATE