2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2012
Secretary of State

DOCUMENT# L11000049204

Entity Name: EQUINE EQSPRESSIONS LLC

Current Principal Place of Business:

14030 METROPOLIS AVE
200
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14030 METROPOLIS AVE
200
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STROEMER, WENDI D
14030 METROPOLIS AVE
200
FORT MYERS, FL 33912 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: STROEMER, WENDI D
Address: 14030 METROPOLIS AVE #200
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM
Name: GERLACH, MICHELLE M
Address: 14030 METROPOLIS AVE #200
City-St-Zip: FORT MYERS, FL 33912

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 Statues.

SIGNATURE: WENDI STROEMER MGRM 01/07/2012

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