

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# L07000043216

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                      ( ) Delete  
Name:                      BAUCHERT, CHERYL  
Address:                      3855 W. DOUBLE J. ACRES RD.  
City-St-Zip:                      ALVA, FL 33920

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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                      04/22/2009

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