

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043216

Entity Name: EQUINE THERAPEUTICS LLC

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 2474
LABELLE, FL 33975

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current 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

Date

Authorized Person(s) Detail :

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

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL BAUCHERT

MS.

04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date