

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109349

Entity Name: HORSE THERAPY, LLC

Current Principal Place of Business:

1350 RIVER REACH DRIVE
#315
FORT LAUDERDALE, FL 33315

Current Mailing Address:

P.O. BOX 771056
NAPLES, FL 34107

FEI Number: 27-3750116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, WALLACE
1350 RIVER REACH DRIVE
#315
FORT LAUDERDALE, FL 33315 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 WARD, WALLACE
Address P.O. BOX 771056
City-State-Zip: NAPLES FL 34107

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: WALLACE WARD

MGRM

03/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date