

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061800

Entity Name: WELL BEINGS EQUINE HOLISTIC MEDICINE LLC

Current Principal Place of Business:

22036 LAKE SENECA ROAD
EUSTIS, FL 32736

Current Mailing Address:

22036 LAKE SENECA ROAD
EUSTIS, FL 32736 US

FEI Number: 45-2474378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLOWAY, DAVID H
506 N ALEXANDER ST
PLANT CITY, FL 33563 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 HARVEY, VASILIKI DVM
Address 22036 LAKE SENECA ROAD
City-State-Zip: EUSTIS FL 32736

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VASILIKI HARVEY

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date