2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
CC7357606642

DOCUMENT# L11000061800

Entity Name: WELL BEINGS EQUINE HOLISTIC MEDICINE LLC

Current Principal Place of Business:

205 ARNOLD LANE
WINTER SPRINGS, FL 32708

Current Mailing Address:

205 ARNOLD LANE
WINTER SPRINGS, FL 32708

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	205 ARNOLD LANE
City-State-Zip:	WINTER SPRINGS FL 32708

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, DVM OWNER 01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date