

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000037832

**Entity Name:** EQUINE INSURANCE SPECIALISTS, LLC

**Current Principal Place of Business:**

15620 CEDAR GROVE LANE  
WELLINGTON , FL 33414

**Current Mailing Address:**

15620 CEDAR GROVE LANE  
WELLINGTON, FL 33414 US

**FEI Number:** 47-1658021

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 87TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** ANDREW BEAUCHAMP

05/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name BEAUCHAMP, ANDREW  
Address 15620 CEDAR GROVE LANE  
City-State-Zip: WELLINGTON FL 33414

Title MEMBER  
Name BEAUCHAMP, EVAN  
Address 3040 SANDERSVILLE RD.  
City-State-Zip: LEXINGTON KY 40511

*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:** EVAN BEAUCHAMP

MEMBER

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date