

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000058980

**Entity Name:** RECHARGE EQUINE THERAPIES, LLC

**Current Principal Place of Business:**

19686 NW 286TH STREET  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

19686 NW 286TH STREET  
OKEECHOBEE, FL 34972 US

**FEI Number:** 82-0858401

**Certificate of Status Desired:** No

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

MUNN, DONNA L  
19686 NW 286TH STREET  
OKEECHOBEE, FL 34972 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 AMBR  
Name MUNN, DONNA L  
Address 19686 NW 286TH STREET  
City-State-Zip: OKEECHOBEE FL 34972

Title AMBR  
Name KICKLIGHTER, KELLIE L  
Address 19686 NW 286TH STREET  
City-State-Zip: OKEECHOBEE FL 34972

*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: DONNA MUNN**

**PRESIDENT**

**02/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date