

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000483781

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**1593569287CC**

**Entity Name:** EQUINE WELLNESS & PERFORMANCE OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

2005 PLUCKEBAUM RD  
COCOA, FL 32926

**Current Mailing Address:**

3810 MURRELL RD  
UNIT 330  
ROCKLEDGE, FL 32955 US

**FEI Number:** 87-3557117

**Certificate of Status Desired:** No

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

BIEGEL, PATRICK  
3954 ORION WAY  
ROCKLEDGE, FL 32955 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	Title	AMBR
Name	BIEGEL, PATRICK	Name	BIEGEL, KIMBERLY
Address	3954 ORION WAY	Address	3954 ORION WAY
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

*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:** BIEGEL, PATRICK

**AUTHORIZED MEMBER**

**04/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date