**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000483781

**FILED**
**Apr 29, 2022**
**Secretary of State**
**3630742811CC**

**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: PATRICK A BIEGEL AMBR 04/29/2022

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