

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000052879

**Entity Name:** EQUINE THERAPEUTICS VETERINARY SERVICES PLLC

**Current Principal Place of Business:**

3855 W DOUBLE J ACRES RD  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 2474  
LABELLE, FL 33975

**FEI Number:** 88-0825525

**Certificate of Status Desired:** No

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

LABELLE CPA PA  
14 W WASHINGTON AVE  
LABELLE, FL 33935 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            BAUCHERT, CHERYL A DR  
Address        3855 W DOUBLE J ACRES RD  
City-State-Zip: LABELLE FL 33935

Title            MGR  
Name            AKIN, DONNA G  
Address        3855 W DOUBLE J ACRES RD  
City-State-Zip: LABELLE FL 33935

*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:** CHERYL BAUCHERT

**OWNER**

**02/15/2025**

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

\_\_\_\_\_ Date