

2024 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: DONNA AKIN

MGR

02/21/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date