

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000518

**Entity Name:** EQUIAN, LLC

**Current Principal Place of Business:**

9390 BUNSEN PKWY  
LOUISVILLE, KY 40220

**Current Mailing Address:**

9390 BUNSEN PKWY  
LOUISVILLE, KY 40220 US

**FEI Number:** 27-0083277

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            YURJEVICH, STEVEN JOHN  
Address        9390 BUNSEN PKWY  
City-State-Zip: LOUISVILLE KY 40220

Title            SECRETARY  
Name            SODERBERG, ELIZABETH ANN  
Address        9390 BUNSEN PKWY  
City-State-Zip: LOUISVILLE KY 40220

Title            ASSISTANT SECRETARY  
Name            LANG, HEATHER ANASTASIA  
Address        9390 BUNSEN PKWY  
City-State-Zip: LOUISVILLE KY 40220

Title            CEO  
Name            CONNOR, ROGER GERARD  
Address        9390 BUNSEN PKWY  
City-State-Zip: LOUISVILLE KY 40220

Title            MANAGER  
Name            CONNOR, ROGER GERARD  
Address        9390 BUNSEN PKWY  
City-State-Zip: LOUISVILLE KY 40220

Title            TREASURER  
Name            HIRSCH, MARILYN VICTORIA  
Address        9390 BUNSEN PKWY  
City-State-Zip: LOUISVILLE KY 40220

*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:** HEATHER ANASTASIA LANG

**ASSISTANT SECRETARY    04/02/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date