## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000000069

Entity Name: LEGACY EQUINE NUTRITION LLC

**Current Principal Place of Business:** 

424 SE 1ST. PL WILLISTON. FL 32696

**Current Mailing Address:** 

424 SE 1ST. PL

WILLISTON, FL 32696 US

FEI Number: 84-1727651 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOTTET, RACHEL S 424 SE 1ST PL WILLISTON, FL 32696 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: RACHEL MOTTET 04/06/2024

Electronic Signature of Registered Agent

Date

FILED Apr 06, 2024

**Secretary of State** 

4136595927CC

Authorized Person(s) Detail:

Title MGR

Address

Name MOTTET, RACHEL S

City-State-Zip: WILLISTON FL 32696

City-State-Zip. WILLISTON FL 32090

424 SE 1ST PL

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: RACHEL MOTTET MANAGER/OWNER 04/06/2024