2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 20, 2005 8:00 am Secretary of State

DOCUMENT # L04000072221 1. Entity Name MOSCOW CHIROPRACTIC LLC						07-20-2005	90065 0	25 ****5:	5.00		
Principal Place of Business Mailing Address					W 0 4 -						
1400 GOODLETTE RD. NAPLES, FL 34102		1400 GOODLETTE RD. NAPLES, FL 34102			48 4 (181) 84		rui maiu 189(*)/	618 #816 ()861 !!!	1621 HI 1884		
Principal Place of Business 3. Mailing Address											
11215 Park Blvd		11215 Park Blvd				II M MIIIS MINNIS MNISI NAMILIS MA	LIIF MMILI IMMEM II	AJM IJUJU III KI LII	LBBI (III 128)		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0628	32005	Chg-LLC	CR2E	83 (10/03)			
City & State		City & State		i i	4. FEI Number			Applied For			
Seminole, FL		Seminole, FL Zip Country		20	20-1781179			Not Applicable \$5.00 Additional			
33.772	Country	3377.2	Country			of Status Desired		Fee Require			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name							
	, JEFFREY M DR.			1 d d d d d d d d d d d d d d d d d d d			163				
2214 ARB0 #2012	OUR WALK CIRLCE		Street Address (P.O. Box Number is Not Acceptable) 13209 Whispering Palms Place								
NAPLES, F	FL 34109		Apt	t 608							
			City	rao			FL	Zip Cod			
	named entity submits this statement for	r the purpose of changing its r			nt, or bo	oth, in the State of F	lorida. I am				
	ions of registered agent.					X	alu	105			
SIGNATURE	Signature, loed or printed name of registered agent a	and title if applicable. (NOTE:	flegistered Agent signs	ature required when rein	stating)		DATE	· 3			
Fil Due t	ing Fee is \$50.00 by September 7, 2005						ke check p la Departm	layable to lent of Stat	e		
9.	MANAGING MEMBE	DO (MANAGEDO	10.			ADDITIONS	CHANGES				
TITLE	MGRM MGRM	Delete	TITLE			ADDITIONS	37 OI IANGEC	☐ Change	☐ Addition		
NAME	JEFFREY, MOSCOW DR.		NAME STREET ADDRESS				_	_			
STREET ADDRESS CITY-ST-ZIP				13209	Wh:	ispering	Palma	s Plac	e AP	£ 60€	
TITLE	1011 220,12 07100	□ Delete	CITY-ST-ZIP TITLE	Largo,	F.L.	33774		☐ Change	☐ Addition		
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STREET ADDRESS			STREET ADDRESS								
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TITLE NAME		☐ Delete	NAME					L CHAILBE			
STREET ADDRESS			STREET ADDRESS	-							
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ated in Section 1:	10 07/2	(i) Florida Statutos	L further co	rtify that the i	nformation		
indicated	certify that the information supplied with I on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have t	he same legal eff	ect as if made un	der oat	h; that I am a mana	aging memb	er or manage	er of the		