

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030854

Entity Name: ANDERS CHIROPRACTIC & SPORTS PERFORMANCE LLC

Current Principal Place of Business:

11873 HIGH TECH AVE.
SUITE 1
ORLANDO, FL 32817

Current Mailing Address:

11873 HIGH TECH AVE.
SUITE 1
ORLANDO, FL 32817 US

FEI Number: 56-2502409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERS, MARC C
11873 HIGH TECH AVE.
SUITE 1
ORLANDO, FL 32817 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 MGRM
Name ANDERS, MARC C
Address 11873 HIGH TECH AVE., SUITE 1
City-State-Zip: ORLANDO FL 32817

Title MGRM
Name ANDERS, MICHELLE A
Address 11873 HIGH TECH AVE., SUITE 1
City-State-Zip: ORLANDO FL 32817

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: MARC C. ANDERS

MGRM

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date