

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087989

**Entity Name:** ORLANDO FAMILY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

500 N. MILLS AVENUE  
SUITE A  
ORLANDO, FL 32803

**Current Mailing Address:**

500 N. MILLS AVENUE  
SUITE A  
ORLANDO, FL 32803

**FEI Number:** 45-4555708

**Certificate of Status Desired:** No

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

HOLLANDER, DARREN  
1015 N. FERNCREEK AVE.  
ORLANDO, FL 32803 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 HOLLANDER, DARREN  
Address 1015 N. FERNCREEK AVE.  
City-State-Zip: ORLANDO FL 32803

*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:** DARREN HOLLANDER

**CHIROPRACTOR**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date