

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000006781

Entity Name: MARSHALL FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

7807 E BAYMEADOWS
201
JACKSONVILLE, FL 32256

Current Mailing Address:

7807 E BAYMEADOWS
201
JACKSONVILLE, FL 32256

FEI Number: 45-4290525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IRENE PICCA CPA LLC
14444 BEACH BLVD
19
JACKSONVILLE, FL 32250 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: IRENE PICCA CPA

03/19/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MARSHALL, JAKE
Address 7807 E BAYMEADOWS, SUITE 201
City-State-Zip: JACKSONVILLE FL 32256

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: JAKE MARSHALL

OWNER

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date