

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000006781

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC5523283413**

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

**Current Principal Place of Business:**

7807 BAYMEADOWS RD EAST  
201  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7807 BAYMEADOWS RD EAST  
201  
JACKSONVILLE, FL 32256 US

**FEI Number:** 45-4290525

**Certificate of Status Desired:** Yes

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

MARSHALL, JAKE  
7807 BAYMEADOWS RD EAST  
201  
JACKSONVILLE, FL 32256 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:** JAKE MARSHALL

03/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title OFFICE MANAGER  
Name MARSHALL, NICOLE  
Address 7807 BAYMEADOWS RD EAST  
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**

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date