

**2015 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

01/16/2015

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

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date