

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90208 017 ****50.00

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1. Entity Name
CASSARA CHIROPRACTIC CENTER, P.L.C.



Principal Place of Business
1060 6TH AVE.
VERO BEACH, FL 32960

Mailing Address
1060 6TH AVE.
VERO BEACH, FL 32960

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-2046845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSARA, SAMUEL
1125 12TH STREET, SUITE B
VERO BEACH, FL 32960

Name CASSARA, SAMUEL

Street Address (P.O. Box Number is Not Acceptable)

1060 6th Ave

City VERO Beach FL Zip Code 32960

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS CASSARA, SAMUEL J
CITY-ST-ZIP 1125 12TH STREET SUITE B
VERO BEACH, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS 1060 6th Ave ☒ Change ☐ Addition
CITY-ST-ZIP VERO Beach, FL 32960

TITLE
NAME MGRM
STREET ADDRESS ADMAS, LINDA
CITY-ST-ZIP 1125 12TH STREET SUITE B
VERO BEACH, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS 1060 6th Ave ☒ Change ☐ Addition
CITY-ST-ZIP VERO Beach, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Samuel J Cassara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-4-07

Date

772-562-7441

Daytime Phone #