

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000010827

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

**Entity Name:** RAKITIN CHIROPRACTIC LLC

**Current Principal Place of Business:**

326 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

326 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 13-4245415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BILU & BILU LLC  
10 FAIRWAY DRIVE  
SUITE 204  
DEERFIELD BEACH, FL 33441 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAKITIN, PAUL D.C.  
Address: 109 NEW LAKE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PAUL RAKITIN

MGR

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date