

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90027 032 ***150.00

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1. Entity Name
ALVAREZ FAMILY CHIROPRACTIC, LLC



Principal Place of Business
**141 E. INDIANA AVE.
DELAND, FL 32724**

Mailing Address
**141 E. INDIANA AVE.
DELAND, FL 32724**

20001419



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg=LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

74-3108577

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAXWELL, TREVOR
141 E. INDIANA AVE.
DELAND, FL 32724**

Name

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

City

FL

Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAXWELL, TREVOR
141 E. INDIANA AVE.
DELAND, FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALVAREZ, JACKELINE
141 E. INDIANA AVE.
DELAND, FL 32724 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Trevor Maxwell

1/5/2005

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

Date

Daytime Phone #