

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000013029

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



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3108577

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

1100000413783
02/11/06-80010-006 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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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: *Trevor W. Maxwell* (TREVOR W. MAXWELL)

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

4/29/06

Date

(386) 734-2522

Daytime Phone #