

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000013029 1. Entity Name ALVAREZ FAMILY CHIROPRACTIC, LLC	
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Principal Place of Business 141 E. INDIANA AVE. DELAND, FL 32724	Mailing Address 141 E. INDIANA AVE. DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXWELL, TREVOR 141 E. INDIANA AVE. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, JACKELINE 141 E. INDIANA AVE. DELAND, FL 32724
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01/11/08-80051-026 138.75

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:  1/08/08 (386) 734-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #