

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013029

FILED
Jan 14, 2009
Secretary of State

Entity Name: ALVAREZ FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

141 E. INDIANA AVE.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

141 E. INDIANA AVE.
DELAND, FL 32724

New Mailing Address:

FEI Number: 74-3108577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, TREVOR
141 E. INDIANA AVE.
DELAND, FL 32724 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: MGRM () Delete
Name: MAXWELL, TREVOR
Address: 141 E. INDIANA AVE.
City-St-Zip: DELAND, FL 32724

Title: MGRM () Delete
Name: ALVAREZ, JACKELINE
Address: 141 E. INDIANA AVE.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TREVOR W. MAXWELL

MGRM

01/14/2009

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