

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013029

FILED
Feb 19, 2010
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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAXWELL, TREVOR W DR.
141 E. INDIANA AVE.
DELAND, FL 32724 US

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: TREVOR W. MAXWELL

02/19/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

I hereby 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

02/19/2010

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