

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034962

FILED
Apr 17, 2009
Secretary of State

Entity Name: RAEMISCH CHIROPRACTIC, L.L.C.

Current Principal Place of Business:

82 MAXCY PLAZA CIRCLE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

514 COLEMAN DR. W
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 01-0798381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAEMISCH, CHRISTOPHER
514 COLEMAN DR. W
WINTER HAVEN, FL 33884 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: CHRIS, RAEMISCH
Address: 82 MAXCY PLAZA CIR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

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: CHRIS RAEMISCH

MGRM

04/17/2009

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