

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000036252

1. Entity Name
WEBER CHIROPRACTIC, LLC



Principal Place of Business
**4205 WEST ATLANTIC AVENUE, STE. 102
DELRAY BEACH, FL 33445**

Mailing Address
**4205 WEST ATLANTIC AVENUE, STE. 102
DELRAY BEACH, FL 33445**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1183372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEBER, DANIEL M DC
4205 WEST ATLANTIC AVENUE, STE. 102
DELRAY BEACH, FL 33445**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEBER, DANIEL M DC
STREET ADDRESS	4205 WEST ATLANTIC AVENUE, STE. 102
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80033-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

1/18/07

Date

501-601-5427

Daytime Phone #