

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050126

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** SHUTT CHIROPRACTIC CENTER, L.L.C.

**Current Principal Place of Business:**

35008 U.S. HIGHWAY 19 N  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

204 ORCHARD GROVE PLACE  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 56-2468468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATES, LONDON L  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: MGR  
Name: SHUTT, MICHELE L DC  
Address: 35008 US HIGHWAY 19 N  
City-St-Zip: PALM HARBOR, FL 34684 US

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: MICHELE L. SHUTT

PRES

03/29/2010

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