

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050126

**FILED**  
**Apr 11, 2012**  
**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  
LONDON BATES  
CLEARWATER, FL 33756 US

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

BATES, LONDON L  
602 SKINNER BLVD  
LONDON BATES  
DUNEDIN, FL 34698 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: LONDON BATES

04/11/2012

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

OWNE

04/11/2012

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