

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90275 021 ****50.00

DOCUMENT # L04000092005

1. Entity Name
LIVING WELL CHIROPRACTIC, PLC



Principal Place of Business
**1915 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780**

Mailing Address
**1915 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780**

20028180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-2044582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEEDS, DAYNE A
1915 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Word 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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
DEEDS, DAYNE A
1915 KNOX MCRAE DRIVE
TITUSVILLE, FL 32780** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 WORD OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/24/05

321-268-9399