

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019125

1. Entity Name

NATURE COAST CHIROPRACTIC CLINIC, L.L.C.



Principal Place of Business

11099 HEARTH RD
SPRING HILL, FL 34608

Mailing Address

11099 HEARTH RD
SPRING HILL, FL 34608



02112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2038027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSS, MICHAEL B
11099 HEARTH RD
SPRING HILL, FL 34608

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000930385
05/21/08-80107-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOSS, MICHAEL B
STREET ADDRESS	8202 SPANISH OAK DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	MGRM
NAME	MOSS, DARYL L
STREET ADDRESS	3385 GULFCOAST DRIVE
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

~~MICHAEL~~ MOSS
Daryl

X 3/8/08

Date

Daytime Phone #

3526637882