


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000047792 1. Entity Name BACK TO LIFE CHIROPRACTIC OF THE TREASURE COAST, LLC					
Principal Place of Business 704 FLORIDA AVENUE FORT PIERCE FL 34950				Mailing Address 704 FLORIDA AVENUE FORT PIERCE FL 34950	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-2924475				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent KOBLEGARD, R.N. III ESQ 200 SOUTH INDIAN RIVER DRIVE SUITE 201 FORT PIERCE FL 34950				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CHEYNE, ROBERT S 704 FLORIDA AVENUE FORT PIERCE FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 1100000694696 04/17/07-80031-005 55.00 </div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CHEYNE, KRISTEN K 704 FLORIDA AVENUE FORT PIERCE FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>K + K Che</i> 3.21.07 m-468-6831 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					