

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90317 043 ****50.00

DOCUMENT # L05000108648

1. Entity Name

BEST IMAGE CHIROPRACTIC, LLC



Principal Place of Business

**815 N PINE HILLS RD #B
ORLANDO, FL 32808**

Mailing Address

**815 N PINE HILLS RD #B
ORLANDO, FL 32808**

60040000



DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3759397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELISTANE, JACQUES
1935 DARDANELLE DR.
ORLANDO, FL 32808**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ELISTANE, JACQUES
1935 DARDANELLE DR.
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
IKWUGWALU, INNOCENT
1935 DARDANELLE DR.
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 partner 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

Date

Daytime Phone #

Innocent Ikwugwalu 04/24/07

407-294-2007