

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108648

FILED
Jan 16, 2009
Secretary of State

Entity Name: BEST IMAGE CHIROPRACTIC, LLC

Current Principal Place of Business:

815 N PINE HILLS RD #B
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

815 N PINE HILLS RD #B
ORLANDO, FL 32808

New Mailing Address:

P. O BOX 580908
ORLANDO, FL 32858

FEI Number: 20-3759397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IKWUGWALU, AGAEZI O
815 N PINE HILLS RD #B
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IKWUGWALU, AGAEZI O
Address: 815 N PINE HILLS RD #B
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Delete
Name: IKWUGWALU, INNOCENT
Address: 815 N PINE HILLS RD #B
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IKWUGWALU, AGAEZI O
Address: P. O BOX 580908
City-St-Zip: ORLANDO, FL 32808

Title: MGRM (X) Change () Addition
Name: IKWUGWALU, INNOCENT
Address: P. O BOX 580908
City-St-Zip: ORLANDO, FL 32858

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AGAEZI IKWUGWALU

MBR

01/16/2009

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