

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 035 ***138.75

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02072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000121856 1. Entity Name CARLE CHIROPRACTIC CLINIC, PLLC					
Principal Place of Business 5664 BEE RIDGE ROAD STE 100 SARASOTA, FL 34236			Mailing Address 5664 BEE RIDGE ROAD STE 100 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-3992415				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, JOHN L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			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 \$138.75- After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLE, KENNETH 5664 BEE RIDGE RD #100 SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:				2-12-08 941-379-2737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	