

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121856

FILED
Jan 18, 2009
Secretary of State

Entity Name: CARLE CHIROPRACTIC CLINIC, PLLC

Current Principal Place of Business:

5664 BEE RIDGE ROAD STE 100
SARASOTA, FL 34236

New Principal Place of Business:

5664 BEE RIDGE ROAD
100
SARASOTA, FL 34233

Current Mailing Address:

5664 BEE RIDGE ROAD STE 100
SARASOTA, FL 34236

New Mailing Address:

5664 BEE RIDGE ROAD
100
SARASOTA, FL 34233

FEI Number: 20-3992415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: MGR () Delete
Name: CARLE, KENNETH
Address: 5664 BEE RIDGE RD #100
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KENETH CARLE

MGR

01/18/2009

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