

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077330

FILED
Feb 07, 2011
Secretary of State

Entity Name: MAURICIO CHIROPRACTIC WEST LLC

Current Principal Place of Business:

4747 SOUTH CONWAY ROAD, SUITE A
ORLANDO, FL 32812

New Principal Place of Business:

2467 E. SEMORAN BLVD.
APOPKA, FL 32703

Current Mailing Address:

4747 SOUTH CONWAY ROAD, SUITE A
ORLANDO, FL 32812

New Mailing Address:

P.O.BOX 162672
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 20-5346587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

JATIVA, DIEGO F
2467 E. SEMORAN BLVD.
APOPKA, FL 32703 US

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: DIEGO F. JATIVA

02/07/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JATIVA, DIEGO F
Address: 2467 E. SEMORAN BLVD.
City-St-Zip: APOPKA, FL 32703

Title: MGR
Name: JATIVA, MARIA R
Address: 2467 E. SEMORAN BLVD
City-St-Zip: APOPKA, FL 32703

I hereby 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: DIEGO F. JATIVA

MGRM

02/07/2011

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