

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000122751

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** STUBER CHIROPRACTIC & ACUPUNCTURE, LLC

**Current Principal Place of Business:**

1530 CELEBRATION BLVD., SUITE 407  
CELEBRATION, FL 34747

**New Principal Place of Business:**

1530 CELEBRATION BLVD.  
SUITE 407  
CELEBRATION, FL 34747

**Current Mailing Address:**

1530 CELEBRATION BLVD., SUITE 407  
CELEBRATION, FL 34747

**New Mailing Address:**

1530 CELEBRATION BLVD.  
SUITE 407  
CELEBRATION, FL 34747

**FEI Number:** 20-8119075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STUBER, JULIE DR.  
1530 CELEBRATION BLVD., SUITE 407  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

STUBER, JULIE DR.  
1530 CELEBRATION BLVD.  
SUITE 407  
CELEBRATION, FL 34747 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STUBER, JULIE A  
Address: 1530 CELEBRATION BLVD SUITE 407  
City-St-Zip: CELEBRATION, FL 34747

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: DR. JULIE ANN STUBER

MGR

04/20/2010

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