2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# L07000008883

Entity Name: KEKKI CHIROPRACTIC LLC

Current Principal Place of Business:

6761 WEST INDIANTOWN ROAD
SUITE 25
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

59 UNO LAGO DRIVE
JUNO BEACH, FL 33408 US

New Mailing Address:

6761 WEST INDIANTOWN ROAD
SUITE 25
JUPITER, FL 33458 US

FEI Number: 20-8293057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEKKI, TANYA K
201 SOUTH J STREET
UNIT 3
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

KEKKI, TANYA K
59 UNO LAGO DRIVE
JUNO BEACH, FL 33408 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: _____ 07/09/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KEKKI, TANYA K
Address: 59 UNO LAGO DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: MGRM ( ) Delete
Name: MILLER, BENJAMIN M
Address: 59 UNO LAGO DR.
City-St-Zip: JUNO BEACH, FL 33408 US

ADDITIONS/CHANGES:

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

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: TANYA K. KEKKI MGR 07/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date