

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011412

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** COMPTON CHIROPRACTIC CARE L.L.C.

**Current Principal Place of Business:**

11974 COUNTY ROAD 101  
SUITE 101  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

11974 COUNTY ROAD 101  
SUITE 101  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 02-0797428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMPTON, BRETT DR  
39812 FRENCH RD.  
LADY LAKE, FL 32159 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  
Name: COMPTON, BRETT DR  
Address: 39812 FRENCH RD.  
City-St-Zip: LADY LAKE, FL 32159

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: BRETT COMPTON

MGR

04/24/2012

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