

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081361

FILED
Mar 14, 2009
Secretary of State

Entity Name: ROACH FAMILY CHIROPRACTIC LLC

Current Principal Place of Business:

4154 CR 124
WILDWOOD, FL 34785

New Principal Place of Business:

251 N MAITLAND AVE
STE 116
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

4154 CR 124
WILDWOOD, FL 34785

New Mailing Address:

2550 SAND LAKE RD
LONGWOOD, FL 32779

FEI Number: 26-0728901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROACH, ERIK D DR
4154 CR 124
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

ROACH, ERIK D DR
2550 SAND LAKE RD
LONGWOOD, FL 32779 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: ERIK ROACH DC

03/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROACH, ERIK
Address: 4154 CR 124
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM () Delete
Name: ROACH, RACHEL
Address: 4154 CR 124
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROACH, ERIK
Address: 2550 SAND LAKE RD
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change () Addition
Name: ROACH, RACHEL
Address: 2550 SAND LAKE RD
City-St-Zip: LONGWOOD, FL 32779

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: ERIK ROACH DC

DR

03/14/2009

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