

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081361

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** ROACH FAMILY CHIROPRACTIC LLC

**Current Principal Place of Business:**

251 N MAITLAND AVE  
STE 116  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

2550 SAND LAKE RD  
LONGWOOD, FL 32779

**New Mailing Address:**

**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  
2550 SAND LAKE RD  
LONGWOOD, FL 32779 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:** MGRM  
**Name:** ROACH, ERIK  
**Address:** 2550 SAND LAKE RD  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGRM  
**Name:** ROACH, RACHEL  
**Address:** 2550 SAND LAKE RD  
**City-St-Zip:** LONGWOOD, FL 32779

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:** ERIK ROACH

MGRM

01/06/2010

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