

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084101

FILED
May 01, 2008
Secretary of State

Entity Name: CHIROPRACTIC FITNESS CENTERS FL, LLC

Current Principal Place of Business:

105 B SOLANA ROAD
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

9435 OGLE BAY CT
RALEIGH, FL 27617 US

New Mailing Address:

FEI Number: 26-0733424 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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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 () Delete
Name: FERRO, WILLIAM
Address: 9435 OGLE BAY CT
City-St-Zip: RALEIGH, NC 27617 US

Title: MGRM () Delete
Name: CASTELLI, SEBASTIAN
Address: 105 B SOLANA ROAD
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: MGRM () Delete
Name: CONNORS, JEFF
Address: 3225 HERON DRIVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: BERNSTEIN, AMY
Address: 105 B SOLANA ROAD
City-St-Zip: PONTE VEDRA, FL 32082 US

ADDITIONS/CHANGES:

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

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

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: SEBASTIAN CASTELLI

MGRM

05/01/2008

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