

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086777

FILED
Jun 15, 2011
Secretary of State

Entity Name: BARE CENTER FOR CHIROPRACTIC WELLNESS, LLC

Current Principal Place of Business:

3773 S PINE AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3773 S PINE AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-0773335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARE, PRESTON
3773 S PINE AVE
OCALA, FL 34471 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: BARE, PRESTON
Address: 3773 S PINE AVE
City-St-Zip: Ocala, FL 34471

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: PRESTON BARE

MGR

06/15/2011

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