

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092763

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: MORENO-KENNEDY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

804 WEST BLOOMINGDALE AVENUE  
BRANDON, FL 33511

**New Principal Place of Business:**

804 WEST BLOOMINGDALE AVENUE  
SUITE 2  
BRANDON, FL 33511

**Current Mailing Address:**

804 WEST BLOOMINGDALE AVENUE  
BRANDON, FL 33511

**New Mailing Address:**

804 WEST BLOOMINGDALE AVENUE  
SUITE 2  
BRANDON, FL 33511

FEI Number: 26-0885441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIEVES-MORENO, WANDA  
2696 ALMOND AVENUE  
KISSIMMEE, FL 347463202 US

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

NIEVES-MORENO, WANDA I  
804 W BLOOMINGDALE AVE  
SUITE 2  
BRANDON, FL 33511 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: WANDA I. NIEVES-MORENO

04/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NIEVES-MORENO, WANDA  
Address: 2696 ALMOND AVENUE  
City-St-Zip: KISSIMMEE, FL 347463202 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NIEVES-MORENO, WANDA I  
Address: 804 W BLOOMINGDALE AVE  
City-St-Zip: BRANDON, FL 33511 US

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: WANDA I. NIEVES-MORENO

MGRM

04/24/2008

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