

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019540

FILED
Jul 08, 2009
Secretary of State

Entity Name: SPINEDESIGN CHIROPRACTIC, LLC

Current Principal Place of Business:

1102 W. INDIANTOWN RD
SUITE 11
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1102 W. INDIANTOWN RD
SUITE 11
JUPITER, FL 33458

New Mailing Address:

FEI Number: 26-2036713 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:

Name and Address of New Registered Agent:

CARLSTROM, CHRISTIAN
1102 W. INDIANTOWN RD
SUITE 11
JUPITER, FL 33458 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARLSTROM, CHRISTIAN
Address: 1102 W. INDIANTOWN RD
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: CARLSTROM, DENISE
Address: 1102 W. INDIANTOWN RD
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

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: DENISE CARLSTROM

OWNE

07/08/2009

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