

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050891

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: CHIRO MARKIT 7

**Current Principal Place of Business:**

808 WEST WATERS AVENUE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

808 WEST WATERS AVENUE  
TAMPA, FL 33604 US

**New Mailing Address:**

FEI Number: 26-2712129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUDOCK, LESLIE W ESQ.  
601 BAYSHORE BOULEVARD  
700  
TAMPA, FL 33606 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: EZELL, PHOEBE Y  
Address: 808 WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM  
Name: WEAVER, JULIE A  
Address: 808 WEST WATERS AVENUE  
City-St-Zip: TAMPA, FL 33604 US

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: PHOEBE Y EZELL

M

04/27/2012

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