

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050999

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

**Entity Name:** LONG FAMILY CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

452 OSCEOLA STREET  
114  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

452 OSCEOLA STREET  
114  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 11-3841077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN, YEN K  
400 SUMMIT RIDGE PL  
202  
LONGWOOD, FL 32779 US

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

NGUYEN, YEN K  
581 SABAL LAKE DR.  
205  
LONGWOOD, FL 32779 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:**

03/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: D.C. ( ) Change (X) Addition  
Name: NGUYEN, YEN  
Address: 452 OSCEOLA ST.#114  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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:** YEN NGUYEN

D.C.

03/27/2009

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