

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050999

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

604 N. THORNTON AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

604 N. THORNTON AVE  
ORLANDO, FL 32803

**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  
581 SABAL LAKE DR.  
205  
LONGWOOD, FL 32779 US

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

NGUYEN, YEN K  
505 SUNRIDGE PLACE  
124  
ALTAMONTE SPRINGS, FL 32714 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

03/10/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D.C.  
Name: NGUYEN, YEN  
Address: 604 N. THORNTON AVE  
City-St-Zip: ORLANDO, FL 32803

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: YEN NGUYEN

DR

03/10/2011

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