

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059690

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: LIGHT AND LIFE CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

257 WEST BRANDON BLVD.  
BRANDON, FL 33511

**New Principal Place of Business:**

257 WEST BRANDON BLVD.  
BRANDON, FL 33511 US

**Current Mailing Address:**

3029 BEAR OAK DR.  
VALRICO, FL 33594

**New Mailing Address:**

3029 BEAR OAK DR.  
VALRICO, FL 33594 US

FEI Number: 38-3785795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VALRICO CHIROPRACTIC SERVICES, LLC  
3029 BEAR OAK DR  
VALRICO, FL 33594 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 ( ) Delete  
Name: VALRICO CHIROPRACTIC SERVICES, LLC  
Address: 3029 BEAR OAK DR  
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Delete  
Name: VALRICO FAMILY CHIROPRACTIC, LLC  
Address: 1128 LUMSDEN TRACE CIRCLE  
City-St-Zip: VALRICO, FL 33594

**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: BRUCE L. THOMAS

DR.

04/29/2009

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