

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