

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090611

FILED
Jan 06, 2010
Secretary of State

Entity Name: VILFORT CHIROPRACTIC,LLC

Current Principal Place of Business:

10618 RIVERVIEW DR
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

PO BOX 46036
TAMPA, FL 33646

New Mailing Address:

FEI Number: 26-3086053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILFORT, CARLINE M DC
18101 BRIDLE BIT LN
TAMPA, FL 33647 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: MGM
Name: VILFORT, CARLINE M DC
Address: 18101 BRIDLE BIT LN
City-St-Zip: TAMPA, FL 33647

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: CARLINE VILFORT

DC

01/06/2010

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