

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008067

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** HOUSE CHIROPRACTIC & CONSULTING, LLC

**Current Principal Place of Business:**

1031 KELSEY AVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

1089 HOWELL CREEK DR  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

1031 KELSEY AVE  
OVIEDO, FL 32765

**New Mailing Address:**

1089 HOWELL CREEK DR  
WINTER SPRINGS, FL 32708

**FEI Number:** 27-1589601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOUSE, JOHN  
1031 KELSEY AVE  
OVIEDO, FL 32765 US

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

HOUSE, JOHN  
1089 HOWELL CREEK DR  
WINTER SPRINGS, FL 32708 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:

01/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOUSE, JOHN  
Address: 1089 HOWELL CREEK DR  
City-St-Zip: WINTER SPRINGS, FL 32708

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: JOHN HOUSE

DR

01/10/2010

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