

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045961

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** YOLARIS GARCIA CHIROPRACTIC CENTER L.L.C.

**Current Principal Place of Business:**

11730 BISCAYNE BLVD. #202  
MIAMI, FL 33181

**New Principal Place of Business:**

11730 BISCAYNE BLVD. #104  
MIAMI, FL 33181

**Current Mailing Address:**

11730 BISCAYNE BLVD. #202  
MIAMI, FL 33181

**New Mailing Address:**

11730 BISCAYNE BLVD. #104  
MIAMI, FL 33181

FEI Number: 71-1051967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GARCIA, YOLARIS  
11730 BISCAYNE BLVD. #202  
MIAMI, FL 33181 US

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

GARCIA, YOLARIS  
11730 BISCAYNE BLVD. #104  
MIAMI, FL 33181 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: YOLARIS GARCIA

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GARCIA, YOLARIS  
Address: 11730 BISCAYNE BLVD. #104  
City-St-Zip: MIAMI, FL 33181

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: YOLARIS GARCIA

MGR

04/29/2010

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