

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090556

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** TALMOR CHIROPRACTIC LLC

**Current Principal Place of Business:**

6760 OSAGE CIRCLE  
GREENACRES, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

6760 OSAGE CIRCLE  
GREENACRES, FL 33413

**New Mailing Address:**

FEI Number: 27-0978206      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TALMOR, EITAN  
6760 OSAGE CIRCLE  
GREENACRES, FL 33413      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: MGR  
Name: TALMOR, EITAN  
Address: 6760 OSAGE CIRCLE  
City-St-Zip: GREENACRES, FL 33413

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: EITAN TALMOR

MGR

05/03/2010

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