

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000093151

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** CRACK IT CHIROPRACTIC LLC

**Current Principal Place of Business:**

531 TAMIAI TRAIL  
UNIT 5  
PT CHARLOTTE, FL 33953

**New Principal Place of Business:**

531 TAMIAI TRAIL  
UNIT 5  
PT CHARLOTTE, FL 33953 US

**Current Mailing Address:**

531 TAMIAI TRAIL  
UNIT 5  
PT CHARLOTTE, FL 33953

**New Mailing Address:**

531 TAMIAI TRAIL  
UNIT 5  
PT CHARLOTTE, FL 33953 US

**FEI Number:** 27-1022196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAN WINKLE, JAMES R DC  
1106 DELMONTE ST  
NORTH PORT, FL 34288 US

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

VAN WINKLE, JAMES R DC  
1196 JONAH DRIVE  
NORTH PORT, FL 34289 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: JAMES R VAN WINKLE, DC

04/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VAN WINKLE, JAMES R DC  
Address: 1196 JONAH DRIVE  
City-St-Zip: NORTH PORT, FL 34289 US

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: JAMES R VAN WINKLE, DC

MGR

04/07/2010

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