

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095499

FILED
Apr 05, 2012
Secretary of State

Entity Name: ORMOND'S FAMILY CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

147 EAST GRANADA BOULEVARD
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

147 EAST GRANADA BOULEVARD
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 80-0487889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEARNED, ROGER
147 E. GRANADA BLVD
ORMOND BEACH, FL 32176 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: MGRM
Name: LEARNED, ROGER
Address: 93 SHADOWCREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM
Name: LEARNED, CAROL
Address: 93 SHADOWCREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 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: ROGER LEARNED

MGR

04/05/2012

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