

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100555

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** GARDENS FAMILY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

871 DONALD ROSS ROAD  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

871 DONALD ROSS ROAD  
JUNO BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 27-2062627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANIS, ALLISON  
2419 TREASURE ISLE WAY  
A-16  
PALM BEACH GARDENS, FL 33410 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:** DAVINE, KEVIN  
**Address:** 300 NORTH HIGHWAY A1A I-105  
**City-St-Zip:** JUPITER, FL 33477

**Title:** MGR  
**Name:** MANIS, ALLISON  
**Address:** 2419 TREASURE ISLE WAY A-16  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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:** ALLISON MANIS

MGR

03/14/2012

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