

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112687

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** K J CHIROPRACTIC CENTER LLC

**Current Principal Place of Business:**

5233 OLD WINTER GARDEN RD  
D  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

5233 OLD WINTER GARDEN RD  
D  
ORLANDO, FL 32811

**New Mailing Address:**

3217 FAWNWOOD DR  
OCOE, FL 34761

**FEI Number:** 27-1363197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, SADAT  
5233 OLD WINTER GARDEN RD  
D  
ORLANDO, FL 32811 US

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

SMITH, SADAT  
3217 FAWNWOOD DR  
OCOE, FL 34761 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: SADAT SMITH

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, SADAT  
Address: 3217 FAWNWOOD DR  
City-St-Zip: OCOE, FL 34761

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: SADAT SMITH

DR

05/01/2011

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