

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000025370

FILED
Apr 24, 2011
Secretary of State

Entity Name: BUTLER FAMILY CHIROPRACTIC LLC

Current Principal Place of Business:

9889 GATE PARKWAY STE 401
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9889 GATE PARKWAY STE 401
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 27-2060508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, RHETT A
9889 GATE PARKWAY
#401
JACKSONVILLE, FL 32246 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: BUTLER, RHETT A
Address: 9889 GATE PARKWAY STE 401
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: ELLIS, KALADENE
Address: 3907 WESTMINISTER
City-St-Zip: MIDLAND, TX 79707

Title: MGRM
Name: BUTLER, RONALD E
Address: 4674 GOODISON PLACE DR.
City-St-Zip: OAKLAND, MI 48306

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: RHETT BUTLER

DR

04/24/2011

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