

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000051155

FILED
Jan 04, 2012
Secretary of State

Entity Name: LEGACY CLINIC OF CHIROPRACTIC LLC

Current Principal Place of Business:

1950 LAUREL MANOR DR
SUITE 204
THE VILLAGES, FL 32162 US

New Principal Place of Business:

Current Mailing Address:

1950 LAUREL MANOR DR
SUITE 204
THE VILLAGES, FL 32162 US

New Mailing Address:

FEI Number: 27-1606992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN C THEECK D.C., P.A.
1950 LAUREL MANOR DR
SUITE 204
THE VILLAGES, FL 32162 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: P
Name: JOHN C THEECK D.C., P.A.
Address: 1950 LAUREL MANOR DR SUITE 204
City-St-Zip: THE VILLAGES, FL 32162 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: JOHN C THEECK

P

01/04/2012

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