

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000054116

FILED
Feb 18, 2011
Secretary of State

Entity Name: MELENCHON CHIROPRACTIC, LLC

Current Principal Place of Business:

22 WEST 9TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

22 WEST 9TH STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 27-2607967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLEIMAN, THOMAS C JR.
9471 BAYMEADOWS ROAD
SUITE 308
JACKSONVILLE, FL., FL 32256 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: SENAN, LUZ
Address: 22 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: LUZ SENAN

P

02/18/2011

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