

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081911

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SPRING CHIROPRACTIC WELLNESS CENTER LLC

**Current Principal Place of Business:**

11336 WILES ROAD  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

11336 WILES ROAD  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 27-3301331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDS, DANI  
11336 WILES RD  
CORAL SPRINGS, FL 33076 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:** RICHARDS, DANI  
**Address:** 11336 WILES RD  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** MGR  
**Name:** GROSS, DANIEL  
**Address:** 11336 WILES RD  
**City-St-Zip:** CORAL SPRINGS, FL 33076

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:** DANI RICHARDS

MGR

04/13/2012

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