

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096848

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** NIERMAN CHIROPRACTIC AND WELLNESS LLC

**Current Principal Place of Business:**

9536 PRINCETON SQUARE BLVD S #1511  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

9536 PRINCETON SQUARE BLVD S  
#1511  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

9536 PRINCETON SQUARE BLVD S #1511  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

9536 PRINCETON SQUARE BLVD S  
#1511  
JACKSONVILLE, FL 32256 US

**FEI Number:** 27-3301842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIERMAN, SHANNON L  
11640 ZIMMERMAN RD  
PORT RICHEY, FL 34668 US

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

NIERMAN, SHANNON L  
9536 PRINCETON SQUARE BLVD. S.  
#1511  
JACKSONVILLE, FL 32256 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: S. LEE NIERMAN

04/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NIERMAN, SHANNON L  
Address: 9536 PRINCETON SQUARE BLVD S #1511  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DIR  
Name: NIERMAN, DAWN N  
Address: 9563 PRINCETON SQUARE BLVD. S.  
City-St-Zip: JACKSONVILLE, FL 32256

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: SHANNON LEE NIERMAN D.C.

MGR

04/15/2011

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