

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105929

Entity Name: CRISS CHIROPRACTIC LLC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1458 HIGHLAND RIDGE CIRCLE  
BRANDON, FL 33510

**New Principal Place of Business:**

2902 FOREST CIRCLE  
SEFFNER, FL 33584

**Current Mailing Address:**

1458 HIGHLAND RIDGE CIRCLE  
BRANDON, FL 33510

**New Mailing Address:**

2902 FOREST CIRCLE  
SEFFNER, FL 33584

FEI Number: 36-4679187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VUONG, GINGER  
1458 HIGHLAND RIDGE CIRCLE  
BRANDON, FL 33510 US

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

VUONG, GINGER  
202 GORNTON LAKE RD  
BRANDON, FL 33510 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CRISS, PATRICK J  
Address: 2902 FOREST CIRCLE  
City-St-Zip: SEFFNER, FL 33584

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: PATRICK J CRISS

MGRM

04/29/2011

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