

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000029120

FILED
Apr 12, 2012
Secretary of State

Entity Name: ROODE CHIROPRACTIC MEDICINE LLC

Current Principal Place of Business:

7048 COLUMNS CIRCLE
APT. 301
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

7048 COLUMNS CIRCLE
APT. 301
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 45-1336192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROODE, DANIEL
7048 COLUMNS CIRCLE
APT. 301
TRINITY, FL 34655 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: ROODE, DANIEL
Address: 7048 COLUMNS CIRCLE, APT. 301
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM
Name: REGALADO, NATALIE
Address: 7048 COLUMNS CIRCLE, APT. 301
City-St-Zip: TRINITY, FL 34655 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: DANIEL ROODE

MGRM

04/12/2012

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