

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054566

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** LAROCCA CHIROPRACTIC INJURY CENTER LLC

**Current Principal Place of Business:**

11401 NORTH 56 STREET  
SUITE 18  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

11401 NORTH 56 STREET  
SUITE 18  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

**FEI Number:** 45-1777171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAROCCA, BLAKE  
2288 DREW STREET  
SUITE C.  
CLEARWATER, FL 33765 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:** LAROCCA, MICHAEL  
**Address:** 11401 NORTH 56 STREET SUITE 18  
**City-St-Zip:** TEMPLE TERRACE, FL 33617 US

**Title:** MGR  
**Name:** MAJORS, MICHAEL  
**Address:** 11401 NORTH 56 STREET SUITE 18  
**City-St-Zip:** TEMPLE TERRACE, FL 33617 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:** MICHAEL LAROCCA

MRG

02/11/2012

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