

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106212

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** LOGAN FAMILY CHIROPRACTIC LLC

**Current Principal Place of Business:**

5560 BEE RIDGE RD  
STE 7  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5560 BEE RIDGE RD  
STE 7  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOGAN, GREGORY  
5560 BEE RIDGE RD  
STE 7  
SARASOTA, FL 34233 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:** LOGAN, GREGORY  
**Address:** 7832 CREST HAMMOCK WAY  
**City-St-Zip:** SARASOTA, FL 34240

**Title:** MGR  
**Name:** LOGAN, TAMARA  
**Address:** 7832 CREST HAMMOCK WAY  
**City-St-Zip:** SARASOTA, FL 34240

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:** GREGORY LOGAN

MGRM

03/21/2012

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