

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001445

1. Entity Name
RIBLEY CHIROPRACTIC FAMILY CENTER LLC



Principal Place of Business
8525 W. HILLSBOROUGH AVE.
TAMPA, FL 33615

Mailing Address
8525 W. HILLSBOROUGH AVE.
TAMPA, FL 33615



04202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3536979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIBLEY, PATTY
8525 W. HILLSBOROUGH AVE.
TAMPA, FL 33615

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Patty Ribley*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/22/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE C
NAME RIBLEY, LARRY
STREET ADDRESS 8525 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33615

TITLE C
NAME RIBLEY, PATTY
STREET ADDRESS 8525 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33615

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04/29/04-80030-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Patty Ribley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/04 (813) 886 8824
Date Daytime Phone #