

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008333

**FILED**  
**Mar 03, 2008**  
**Secretary of State**

**Entity Name:** ACTION CHIROPRACTIC & ASSOCIATES, LLC

**Current Principal Place of Business:**

415-17 E. MICHIGAN STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

415-17 E. MICHIGAN STREET  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 74-2938415      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARQUARDT, GUSTAV  
415-17 E. MICHIGAN STREET  
ORLANDO, FL 32806 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 ( ) Delete  
Name: MARQUARDT, JANET  
Address: 415-17 E. MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete  
Name: MELCHER, ANITA  
Address: 415-17 E. MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GUSTAV A. MARQUARDT

MGRM

03/03/2008

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