2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L99000008333

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 (X)**

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: JANET MARQUARDT MGR 01/09/2009

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