

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058552

**Entity Name:** ACTIVE CHIROPRACTIC WELLNESS CENTER, LLC

**Current Principal Place of Business:**

4111 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5769 RAINBOW LAKE CT.  
JACKSONVILLE, FL 32258

**FEI Number:** 26-2820382

**Certificate of Status Desired:** Yes

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

GALLAGHER, VINCENT  
BEACH LIFE LAW  
252 3RD STREET  
NEPTUNE BEACH, FL 32266 US

*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:** VINCENT GALLAGHER

02/25/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RENNE, CHRISTOPHER B  
Address 4111 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER B RENNE

MGRM

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date