

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122367

Entity Name: YOUNG CHIROPRACTIC LLC

Current Principal Place of Business:

11953 S APOPKA VINELAND RD
ORLANDO, FL 32836

Current Mailing Address:

11953 S APOPKA VINELAND RD
ORLANDO, FL 32836

FEI Number: 27-5494923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, DAVID A
11953 S APOPKA VINELAND RD
ORLANDO, FL 32836 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name YOUNG, DAVID A
Address 11953 S APOPKA VINELAND RD
City-State-Zip: ORLANDO FL 32836

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: DAVID YOUNG

OWNER

01/08/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date