2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2016
Secretary of State
CC7954824215

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Entity Name: FAMILY CHIROPRACTIC OF HEATHROW LLC

Current Principal Place of Business:

1130 TOWNPARK AVE
1116
LAKE MARY, FL 32746

Current Mailing Address:

1130 TOWNPARK AVE
1116
LAKE MARY, FL 32746

FEI Number: 45-2873313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOLLE, KELLY CDR
375 N ORANGE AVE
SANFORD, FL 32771 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	Title	MGRM
Name	TOLLE, KELLY CDR	Name	TOLLE, ROBERT C
Address	375 N ORANGE AVE	Address	375 N ORANGE AVE
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771

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: KELLY TOLLE DR OWNER 03/07/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date