

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000129123

Entity Name: BETTER LIVING CHIROPRACTIC, LLC

Current Principal Place of Business:

11894 SW 12TH PLACE
DAVIE, FL 33325

Current Mailing Address:

11894 SW 12TH PLACE
DAVIE, FL 33325 US

FEI Number: 46-1175640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES, CRAIG
11894 SW 12TH PLACE
DAVIE, FL 33325 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 JAMES, CRAIG
Address 11894 SW 12TH PLACE
City-State-Zip: DAVIE FL 33325

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG JAMES

MANAGER

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date