

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000129123

Entity Name: BETTER LIVING CHIROPRACTIC, LLC

Current Principal Place of Business:

3471 N. FEDERAL HWY.
SUITE 402
OAKLAND PARK, FL 33306

Current Mailing Address:

1015 VENTNOR AVE.
UNIT D
DELRAY BEACH, FL 33444 US

FEI Number: 46-1175640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES, CRAIG
1015 VENTNOR AVE.
UNIT D
DELRAY BEACH, FL 33444 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 A DR.
Address 1015 VENTNOR AVE.
UNIT D
City-State-Zip: DELRAY BEACH FL 33444

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: CRAIG ANTHONY JAMES

OWNER

03/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date