

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400008456

**Entity Name:** 100% CHIROPRACTIC TALLAHASSEE ONE, LLC

**Current Principal Place of Business:**

1950 THOMASVILLE ROAD, SUITE E  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1950 THOMASVILLE ROAD, SUITE E  
TALLAHASSEE, FL 32303

**FEI Number:** 46-5473096

**Certificate of Status Desired:** Yes

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

BEVIS, WILLIAM D.C.  
1950 THOMASVILLE ROAD, SUITE E  
TALLAHASSEE, FL 32303 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	MGR	Title	ATTORNEY
Name	BEVIS, WILLIAM D.C.	Name	PLATT, LYNNE J
Address	1950 THOMASVILLE ROAD, SUITE E	Address	1018 JUPITER DR
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	COLORADO SPRINGS CO 80905

*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:** LYNNE PLATT

ATTORNEY

03/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date