

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008456

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC3273595015**

**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:** No

**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  
Name BEVIS, WILLIAM D.C.  
Address 1950 THOMASVILLE ROAD, SUITE E  
City-State-Zip: TALLAHASSEE FL 32303

Title MGR  
Name HELFRICH, JASON D.C.  
Address 110 SOUTH WEBER STREET, SUITE 104  
City-State-Zip: COLORADO SPRINGS CO 80903

Title MGR  
Name HELFRICH, VANESSA D.C.  
Address 110 SOUTH WEBER STREET, SUITE 104  
City-State-Zip: COLORADO SPRINGS CO 80903

*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:** JASON HELFRICH, D.C.

**MANAGER**

**03/02/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date