

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001158

Entity Name: DAYTONA CHIROPRACTIC CLINIC L.L.C.

Current Principal Place of Business:

543 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

Current Mailing Address:

543 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

FEI Number: 56-2469428

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOOD, MICHELLE
543 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 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 HILL, MATTHEW J
Address 543 SOUTH RIDGEWOOD AVE.
City-State-Zip: DAYTONA BEACH FL 32114

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: MATTHEW HILL

OWNER

02/26/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date