

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000029613

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC4453573397**

**Entity Name:** DEAN W. MAMMALES D.C., LLC

**Current Principal Place of Business:**

10233 OKEECHOBEE BLVD  
# B-6  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

10233 OKEECHOBEE BLVD  
# B-6  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 20-2572881

**Certificate of Status Desired:** No

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

DEAN, MAMMALES W  
10233 OKEECHOBEE BLVD  
# B-6  
WEST PALM BEACH, FL 33411 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 MAMMALES, DEAN W  
Address 2759 MISTY OAKS CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MGR  
Name MAMMALES, MARIA T  
Address 2759 MISTY OAKS CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** DEAN MAMMALES

MGMR

01/17/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date