

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030854

**Entity Name:** ANDERS CHIROPRACTIC & SPORTS PERFORMANCE LLC

**Current Principal Place of Business:**

3361 ROUSE ROAD  
SUITE 230  
ORLANDO, FL 32817

**Current Mailing Address:**

3361 ROUSE ROAD  
SUITE 230  
ORLANDO, FL 32817 US

**FEI Number:** 56-2502409

**Certificate of Status Desired:** No

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

ANDERS, MARC C  
3361 ROUSE ROAD  
SUITE 230  
ORLANDO, FL 32817 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	Title	MGRM
Name	ANDERS, MARC C	Name	ANDERS, MICHELLE A
Address	3361 ROUSE ROAD SUITE 230	Address	3361 ROUSE ROAD SUITE 230
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ORLANDO FL 32817

*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:** MARC C ANDERS

MGRM

02/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date