

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080662

Entity Name: GRAND CHIROPRACTIC CENTER LLC

Current Principal Place of Business:

6145 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

P.O. BOX 1940
NEW PORT RICHEY, FL 34656 US

FEI Number: 27-2635081

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KINKEAD, LAURA A
6145 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652 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 KINKEAD, LAURA A
Address 6145 GRAND BOULEVARD
City-State-Zip: NEW PORT RICHEY FL 34652

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: LAURA KINKEAD

PRESIDENT

02/19/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date