

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000014392

Entity Name: ALL ACCIDENTS CHIROPRACTIC CENTER, PLLC

Current Principal Place of Business:

3301 5TH AVENUE SOUTH
ST PETERSBURG, FL 33712

Current Mailing Address:

3301 5TH AVENUE SOUTH
ST PETERSBURG, FL 33712

FEI Number: 27-1872326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LA ROCCA, BLAKE
2017 DREW STREET
CLEARWATER, FL 33765 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 MICHAEL LAROCCA
Address 1986 SPANISH PINES DR.
City-State-Zip: DUNEDIN FL 34598

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: MICHAEL T LAROCCA

MANAGER

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date