

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000016982

FILED
Feb 28, 2018
Secretary of State
CC2235465028

Entity Name: BACK IN HARMONY CHIROPRACTIC AND WELLNESS CENTER, LLC

Current Principal Place of Business:

6115 STIRLING RD
SUITE 205
DAVIE, FL 33314

Current Mailing Address:

6115 STIRLING RD
SUITE 205
DAVIE, FL 33314 US

FEI Number: 27-1900049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHONG, WEI SHEEN D.C.
6115 STIRLING RD
SUITE 205
DAVIE, FL 33314 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 DIRECTOR
Name CHONG, WEI SHEEN
Address 6115 STIRLING RD
 SUITE 205
City-State-Zip: DAVIE FL 33314

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: WEI SHEEN CHONG

OWNER

02/28/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date