

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000024588

Entity Name: KENDALL CHIRO, LLC

Current Principal Place of Business:

13501 SW 136TH STREET
SUITE 202
MIAMI, FL 33186

Current Mailing Address:

PO BOX 4533
HIALEAH, FL 33014 US

FEI Number: 27-5198130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZUSMER, DEAN MDC
536 NORTH SHORE DRIVE
MIAMI BEACH, FL 33141 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	ZUSMER, DEAN MDC	Name	GOMEZ, KEREN HDC
Address	536 NORTH SHORE DRIVE	Address	13501 SW 136 STREET, #202
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI FL 33186

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: KEREN GOMEZ

MGMR

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date