

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000087989

Entity Name: ORLANDO FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

500 N. MILLS AVENUE
SUITE A
ORLANDO, FL 32803

Current Mailing Address:

500 N. MILLS AVENUE
SUITE A
ORLANDO, FL 32803

FEI Number: 45-4555708

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLANDER, DARREN
1015 N. FERNCREEK AVE.
ORLANDO, FL 32803 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: DARREN HOLLANDER

10/03/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HOLLANDER, DARREN
Address 1015 N. FERNCREEK AVE.
City-State-Zip: ORLANDO FL 32803

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: DARREN-HOLLANDER

CEO

10/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date