

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000090354

Entity Name: HEALING HANDS CHIROPRACTIC WELLNESS CENTER, LLC

Current Principal Place of Business:

2090 SARNO RD.
MELBOURNE, FL 32935

Current Mailing Address:

1938 ATTIBURGH BLVD
WEST MELBOURNE , FL 32904 US

FEI Number: 45-2929182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AWOBUSUYI, OLUWASEUN
1938 ATTIBURGH BLVD
WEST MELBOURNE , FL 32904 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 AWOBUSUYI, OLUWASEUN
Address 1938 ATTIBURGH BLVD
City-State-Zip: WEST MELBOURNE FL 32904

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: OLUWASEUN AWOBUSUYI

OWNER

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date