

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000006781

Entity Name: MARSHALL FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

7807 BAYMEADOWS RD EAST
201
JACKSONVILLE, FL 32256

Current Mailing Address:

7807 BAYMEADOWS RD EAST
201
JACKSONVILLE, FL 32256 US

FEI Number: 45-4290525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, JAKE
7807 BAYMEADOWS RD EAST
201
JACKSONVILLE, FL 32256 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: JAKE MARSHALL

01/10/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MARSHALL, JAKE
Address 7807 BAYMEADOWS RD EAST
SUITE 201
City-State-Zip: JACKSONVILLE FL 32256

Title OFFICE MANAGER
Name MARSHALL, NICOLE
Address 7807 BAYMEADOWS RD EAST
201
City-State-Zip: JACKSONVILLE FL 32256

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: JAKE MARSHALL

MEMBER

01/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date