

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000116093

Entity Name: ESTERO FAMILY CHIROPRACTIC, LLC.

Current Principal Place of Business:

21740 S. TAMIAMI TRAIL, #103
ESTERO, FL 33928

Current Mailing Address:

21740 S. TAMIAMI TRAIL, #103
ESTERO, FL 33928 US

FEI Number: 80-0846375

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLEN, LAWRENCE CIII
21740 S. TAMIAMI TRAIL, #103
ESTERO, FL 33928 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 WALLEN, LAWRENCE CIII
Address 21740 S. TAMIAMI TRAIL, #103
City-State-Zip: ESTERO FL 33928

Title MGRM
Name GORBACH, JEFFREY
Address 21740 S. TAMIAMI TRAIL, #103
City-State-Zip: ESTERO FL 33928

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: LAWRENCE WALLEN

OWNER/CHIROPRACTOR 04/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date