

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000080845

Entity Name: PEBBLEBROOKE CHIROPRACTIC LLC

Current Principal Place of Business:

15205 COLLIER BLVD., SUITE 105
NAPLES, FL 34119

Current Mailing Address:

15205 COLLIER BLVD., SUITE 105
NAPLES, FL 34119

FEI Number: 46-2959279

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MULL, KEITH
15205 COLLIER BLVD., SUITE 105
NAPLES, FL 34119 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	MULL, KEITH	Name	MULL, DARCI
Address	3759 EXUMA WAY	Address	3759 EXUMA WAY
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119

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: KEITH C. MULL

MANAGER

01/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date