

**2015 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  
Name MULL, KEITH  
Address 3759 EXUMA WAY  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name MULL, DARCI  
Address 3759 EXUMA WAY  
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**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date