

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000088321

Entity Name: SPIRIPHYSICAL, LLC

Current Principal Place of Business:

15212 FOREST LANE
LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 703
15673 SOUTHERN BLVD #107-164
LOXAHATCHEE, FL 33470 US

FEI Number: 30-0742550

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALTZ, BRUCE
15212 FOREST LANE
LOXAHATCHEE, FL 33470 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 MANAGER
Name BRUCE, BALTZ
Address 15673 SOUTHERN BLVD
 15673 SOUTHERN BLVD #107-164
City-State-Zip: LOXAHATCHEE FL 33470

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: BRUCE BALTZ

OWNER

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date