

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000001827

Entity Name: THE VINE CHIROPRACTIC LLC

Current Principal Place of Business:

80 NORTH MAIN STREET
LABELLE, FL 33935

Current Mailing Address:

80 NORTH MAIN STREET
LABELLE, FL 33935 US

FEI Number: 46-4483537

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARRISH, RYAN M DR.
80 NORTH MAIN STREET
LABELLE, FL 33935 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 PRESIDENT
Name PARRISH, RYAN M DR.
Address 80 NORTH MAIN STREET
City-State-Zip: LABELLE FL 33935

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: RYAN M. PARRISH

**DOCTOR OF
CHIROPRACTIC**

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date