

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000057187

**Entity Name:** COFFEY CHIROPRACTIC LLC

**Current Principal Place of Business:**

2700 S TAMIAMI TRAIL  
SUITE 17  
SARASOTA, FL 34239

**Current Mailing Address:**

2700 S TAMIAMI TRAIL  
SUITE 17  
SARASOTA, FL 34239 US

**FEI Number:** 46-5331373

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COFFEY, GEORGE N III  
2700 S TAMIAMI TRAIL  
SUITE 17  
SARASOTA, FL 34239 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 DR  
Name COFFEY, GEORGE N III  
Address 2700 S TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

*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:** GEORGE N. COFFEY III

D.C.

04/06/2016

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

\_\_\_\_\_  
Date