

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000097159

**Entity Name:** OVIEDO CHIROPRACTIC, LLC

**Current Principal Place of Business:**

DR. JUSTIN R. COUGH  
2871 CLAYTON CROSSING WAY STE 1073  
OVIEDO, FL 32765

**Current Mailing Address:**

DR. JUSTIN R. COUGH  
2871 CLAYTON CROSSING WAY STE 1073  
OVIEDO, FL 32765 US

**FEI Number:** 47-1151750

**Certificate of Status Desired:** No

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

COUGH, JUSTIN R DR.  
DR. JUSTIN R. COUGH  
2871 CLAYTON CROSSING WAY STE 1073  
OVIEDO, FL 32765 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:** JUSTIN R COUGH

01/28/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name COUGH, JUSTIN  
Address 2871 CLAYTON CROSSING WAY  
STE 1073  
City-State-Zip: OVIEDO FL 32765

*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:** DR. JUSTIN COUGH

OWNER

01/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date