## 2024 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 COUGH 01/31/2024

> Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title

COUGH, JUSTIN AUTHORIZED Name

MEMBER

2871 CLAYTON CROSSING WAY Address

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.

01/31/2024 SIGNATURE: JUSTIN COUGH AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date

**FILED** Jan 31, 2024

**Secretary of State** 

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