

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000074336

Entity Name: CELEBRATION CHIROPRACTIC AND REHAB CENTER, LLC

Current Principal Place of Business:

2501 OLD VINELAND RD
SUITE 2501
KISSIMMEE, FL 34746

Current Mailing Address:

600 NADINA PL
CELEBRATION, FL 34747 US

FEI Number: 47-3872797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYLE, JAMES E CPA
600 NADINA PL
CELEBRATION, FL 34747 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 AMBR
Name LARREMORE, DARRIN
Address 1754 MALVERN HILL CIRCLE
 303
City-State-Zip: CELEBRATION FL 34747

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: DARRIN LARREMORE

AMBR

03/03/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date