

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000077860

Entity Name: PINES WEST CHIROPRACTIC, LLC

Current Principal Place of Business:

18501 PINES BLVD
#104
PEMBROKE PINES, FL 33029

Current Mailing Address:

18501 PINES BLVD
#104
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0705019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUCKLEY, JOSEPH
18501 PINES BLVD
#104
PEMBROKE PINES, FL 33029 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 BUCKLEY, JOSEPH
Address 18501 PINES BLVD #104
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR
Name MARTINEZ, DAMIAN
Address 18501 PINES BLVD #104
City-State-Zip: PEMBROKE PINES FL 33029

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: JOSEPH BUCKLEY

PRESIDENT

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date