

**2019 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

**OWNER**

**02/11/2019**

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

\_\_\_\_\_  
Date