

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000007708

Entity Name: CHIROMED CONSULTANTS L.L.C.

Current Principal Place of Business:

3995 GATEWOOD ST
COCOA, FL 32926

Current Mailing Address:

3995 GATEWOOD ST
COCOA, FL 32926 US

FEI Number: 81-1052353

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYER, GLENN D DC
3995 GATEWOOD ST
COCOA, FL 32926 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 MGR
Name BOYER, GLENN D
Address 3995 GATEWOOD ST
City-State-Zip: COCOA FL 32926

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: GLENN BOYER

PRESIDENT

02/13/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date