

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080222

**FILED**  
**Mar 02, 2018**  
**Secretary of State**  
**CC9189816720**

**Entity Name:** GRIFFIN CHIROPRACTIC CARE LLC

**Current Principal Place of Business:**

2043 14TH AVE  
VERO BEACH, FL 32960

**Current Mailing Address:**

2043 14TH AVE  
VERO BEACH, FL 32960 US

**FEI Number: 81-2272647**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRIFFIN, SHANNON A  
2043 14TH AVE  
VERO BEACH, FL 32960 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 GRIFFIN, SHANNON A  
Address 611 DATE PALM RD.  
City-State-Zip: VERO BEACH FL 32963

Title MGR  
Name GRIFFIN, SHANNON A  
Address 611 DATE PALM RD.  
City-State-Zip: VERO BEACH FL 32963

Title MGR  
Name TRUMAN, EARL R  
Address 1411 3RD COURT  
City-State-Zip: VERO BEACH FL 32960

*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: SHANNON A. GRIFFIN**

**MANAGER**

**03/02/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date