

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000080222

FILED
Apr 03, 2019
Secretary of State
6141810641CC

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 MEMBER
Name MODESITT, JACQUELINE JULIE
Address 1441 4TH AVE
 1441 4TH AVE
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 GRIFFIN

MANAGER

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date