

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000123383

Entity Name: TROUBLE CREEK CHIROPRACTIC, LLC

Current Principal Place of Business:

4515 MADISON ST
NEW PORT RICHEY, FL 34652

Current Mailing Address:

4515 MADISON ST
NEW PORT RICHEY, FL 34652

FEI Number: 81-3134125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STACEY, RONALD F II
4515 MADISON ST
NEW PORT RICHEY, FL 34652 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 STACEY, RONALD F II
Address 4515 MADISON ST
City-State-Zip: NEW PORT RICHEY FL 34652

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: RONALD STACEY

OWNER

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date