

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000222167

Entity Name: VERTE CHIROPRACTIC, LLC

Current Principal Place of Business:

7300 AUBURNWOOD LN
WINDERMERE, FL 34786

Current Mailing Address:

P.O. BOX 1263
CAMARILLO, CA 93011 US

FEI Number: 81-4750634

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR., STE A
TALLAHASSEE, FL 32301 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 DEMONSABERT, SHARON
Address P.O. BOX 1263
City-State-Zip: CAMARILLO CA 93011

Title AP
Name MORGAN, ANNE
Address P.O. BOX 1263
City-State-Zip: CAMARILLO CA 93011

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: ANNE MORGAN

AP

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date