

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000222168

Entity Name: NEW JOURNEY CHIROPRACTIC, LLC

Current Principal Place of Business:

292 N. NOVA RD
ORMOND BEACH, FL 32174

Current Mailing Address:

292 N. NOVA RD
ORMOND BEACH, FL 32174 US

FEI Number: 82-2865648

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FREAR, JAYME
292 N NOVA RD
ORMOND BEACH, FL 32174 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 FREAR, JAYME
Address 292 N. NOVA RD
City-State-Zip: ORMOND BEACH FL 32174

Title SPOUSE
Name FREAR, BLAKE
Address 292 N. NOVA RD
City-State-Zip: ORMOND BEACH FL 32174

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: JAYME FREAR DC

OWNER

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date