

**2019 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:** No

**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

**MANAGER**

**01/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date