

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000230429

**Entity Name:** ALIGN THE SPINE CHIROPRACTIC, LLC

**Current Principal Place of Business:**

1360 SOUTH PATRICK DRIVE  
SUITE 7  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

1360 SOUTH PATRICK DRIVE  
SUITE 7  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 81-4815583

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DENNIS, ANNALIESE G DR.  
1360 SOUTH PATRICK DRIVE  
SUITE 7  
SATELLITE BEACH, FL 32937 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 DR  
Name ANNALIESE, DENNIS GABRIELE  
ANNALIESE DENNIS  
Address 1360 SOUTH PATRICK DRIVE  
SUITE 7  
City-State-Zip: SATELLITE BEACH FL 32937

*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:** ANNALIESE DENNIS

**OWNER**

**01/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date