## 2018 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: Yes

## Name and Address of Current Registered Agent:

DENNIS, ANNALIESE G DR. 1503 ATLANTIC STREET B

MELBOURNE BEACH, FL 32951 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

FILED Jan 07, 2018

**Secretary of State** 

CC9331792985

## Authorized Person(s) Detail:

Title DR

Name ANNALIESE, DENNIS GABRIELE

ANNALIESE DENNIS

Address 1503 B ATLANTIC ST

City-State-Zip: MELBOURNE BEACH FL 32951

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

Electronic Signature of Signing Authorized Person(s) Detail

Date

01/07/2018