

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000017379

Entity Name: KAYLEE'S CHIROPRACTIC, LLC

Current Principal Place of Business:

2123 W MLK BLVD
203
TAMPA, FL 33607

Current Mailing Address:

2123 W MLK BLVD
203
TAMPA, FL 33607 US

FEI Number: 82-0620506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEE, DANIEL M ESQ
201 E KENNEDY BLVD.
500
TAMPA, FL 33602 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	AR	Title	MGR
Name	KLEE, DANIEL M ESQ.	Name	KLEE, KAYLEE M DC
Address	201 E KENNEDY BLVD., SUITE 500	Address	2123 W MLK BLVD.
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33607

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: KAYLEE KLEE

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date