

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000064404

Entity Name: GARRETT CHIROPRACTIC LLC

Current Principal Place of Business:

1409 ROYAL GROVE LANE
PORT ORANGE, FL 32129

Current Mailing Address:

1409 ROYAL GROVE LANE
PORT ORANGE, FL 32129 US

FEI Number: 82-0943916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRETT, BETHANY
1409 ROYAL GROVE LANE
PORT ORANGE, FL 32129 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 MGR
Name GARRETT, BETHANY
Address 1409 ROYAL GROVE LANE
City-State-Zip: PORT ORANGE FL 32129

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: BETHANY GARRETT

OWNER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date