

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000064404

Entity Name: GARRETT CHIROPRACTIC LLC

Current Principal Place of Business:

6183 YELLOWSTONE DR
PORT ORANGE, FL 32127

Current Mailing Address:

6183 YELLOWSTONE DR
PORT ORANGE, FL 32127 US

FEI Number: 82-0943916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRETT, BETHANY
6183 YELLOWSTONE DR
PORT ORANGE, FL 32127 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 6183 YELLOWSTONE DR
City-State-Zip: PORT ORANGE FL 32127

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

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date