

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000102360

Entity Name: COX CHIROPRACTIC CARE LLC

Current Principal Place of Business:

207 NW ST JAMES DR
PORT ST LUCIE, FL 34983

Current Mailing Address:

207 NW ST. JAMES DR.
PORT SAINT LUCIE, FL 34983 US

FEI Number: 82-1444375

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COX, CLIFTON W
207 NW ST. JAMES DR.
PORT SAINT LUCIE, FL 34983 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
Name COX, CLIFTON W DR.
Address 2172 SE ELMHURST RD
City-State-Zip: PORT ST LUCIE FL 34952

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: CLIFTON WADE COX

CLINIC DIRECTOR

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date