## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000102360

**Entity Name: COX CHIROPRACTIC CARE LLC** 

**Current Principal Place of Business:** 

1430 SW SAINT LUCIE WEST BLVD 103 PORT ST LUCIE, FL 34986

**Current Mailing Address:** 

1430 SW SAINT LUCIE WEST BLVD PORT ST LUCIE, FL 34986 US

FEI Number: 82-1444375 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COX, CLIFTON W 1430 SW SAINT LUCIE WEST BLVD PORT ST LUCIE, FL 34986 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 17, 2023

**Secretary of State** 

4702328848CC

Authorized Person(s) Detail:

Title Title **AUTHORIZED MEMBER** 

COX, CLIFTON W DR. Name Name COX, PATRICIA

2172 SE ELMHURST RD 1430 SW SAINT LUCIE WEST BLVD Address Address

City-State-Zip: PORT ST LUCIE FL 34952 City-State-Zip: PORT ST LUCIE FL 34986

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.