

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000109140

**Entity Name:** YOUR CHIRO, LLC

**Current Principal Place of Business:**

2889 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

2889 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

**FEI Number: 82-3209127**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

2889JA, LLC  
2889 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176 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 DICKEY, ROBERT E  
Address 2889 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title AR  
Name SCARTELLI, LISA A  
Address 2889 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

*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: LISA SCARTELLI**

**AR**

**03/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date