

2018 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

03/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date