

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000117019

Entity Name: MADISON CHIROTHERAPY, PLLC

Current Principal Place of Business:

126 SW SUMATRA AVENUE
MADISON, FL 32340

Current Mailing Address:

126 SW SUMATRA AVENUE
MADISON, FL 32340

FEI Number: 82-1719271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERRING, JOSEPH M
126 SW SUMATRA AVENUE
MADISON, FL 32340 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 HERRING, JOSEPH M
Address 126 SW SUMATRA AVENUE
City-State-Zip: MADISON FL 32340

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: JOSEPH HERRING

OWNER

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date