

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000016877

**Entity Name:** SPINE DESIGN CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

193 OAK LAKE DR.  
SPRING HILL, FL 34608

**Current Mailing Address:**

193 OAK LAKE DR.  
SPRING HILL, FL 34608 UN

**FEI Number: 82-4123906**

**Certificate of Status Desired: No**

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

SEGREE, KIANI  
193 OAK LAKE DR.  
SPRING HILL, FL 34608 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 SEGREE, KIANI  
Address 193 OAK LAKE DR  
City-State-Zip: SPRING HILL FL 34608

*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: KIANI SEGREE**

**MGR**

**04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date