

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016877

Entity Name: SPINE DESIGN CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

3479 DELTONA BLVD,
SPRING HILL, FL 34606

Current Mailing Address:

3479 DELTONA BLVD,
SPRING HILL, FL 34606 US

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 3479 DELTONA BLVD,
City-State-Zip: SPRING HILL 34606

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

OWNER

04/28/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date