

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000017553

Entity Name: ON POINT CHIROPRACTIC LLC

Current Principal Place of Business:

1 FLORIDA PARK DR UNIT 106
PALM COAST, FL 32137

Current Mailing Address:

1 FLORIDA PARK DR UNIT 106
PALM COAST, FL 32137 US

FEI Number: 82-4159776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGO, JESSICA
22A PLATEAU LN
PALM COAST, FL 32164 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 AMBR
Name COGO, JESSICA
Address 22A PLATEAU LN
City-State-Zip: PALM COAST FL 32164

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: JESSICA COGO

MGR

04/09/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date