

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000059226

Entity Name: FINNEGAN CHIROPRACTIC, LLC

Current Principal Place of Business:

7653 CYPRESS TRACE COURT
NEW PORT RICHEY, FL 33653

Current Mailing Address:

7653 CYPRESS TRACE COURT
NEW PORT RICHEY, FL 33653 US

FEI Number: 83-3451367

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FINNEGAN, DREW
7653 CYPRESS TRACE COURT
NEW PORT RICHEY, FL 33653 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 FINNEGAN, DREW
Address 7653 CYPRESS TRACE COURT
City-State-Zip: NEW PORT RICHEY FL 34653

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: DREW FINNEGAN

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date