

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000106057

Entity Name: ARGENTA CHIROPRACTIC LLC

Current Principal Place of Business:

405 WEST CENTRAL BLVD
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 160952
ALTAMONTE SPRINGS, FL 32716

FEI Number: 82-5453677

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ELLIS, ROBERT
405 WEST CENTRAL BLVD
ALTAMONTE SPRINGS, FL 32714 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 CEO
Name FROST, RICHARD
Address 405 WEST CENTRAL BLVD
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: RICHARD FROST

CEO

04/09/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date