

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000180835

Entity Name: EXPERIENCE CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

2424 NORTH CONGRESS AVE
SUITE K
WEST PALM BEACH, FL 33409

Current Mailing Address:

2424 NORTH CONGRESS AVE
SUITE K
WEST PALM BEACH, FL 33409

FEI Number: 83-1369471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASTEIN, STEVEN R
2424 NORTH CONGRESS AVE
SUITE K
WEST PALM BEACH, FL 33409 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 METAYER, SHANDRA
Address 2424 NORTH CONGRESS AVE SUITE
K
City-State-Zip: WEST PALM BEACH FL 33409

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: SHANDRA METAYER

MANAGER

03/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date