2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2022
Secretary of State
9087110336CC

DOCUMENT# L18000226038

Entity Name: NEELD FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

1850 SW FOUNTAINVIEW BLVD
SUITE 202
PORT ST. LUCIE, FL 34986

Current Mailing Address:

1850 SW FOUNTAINVIEW BLVD
SUITE 202
PORT ST. LUCIE, FL 34986 US

FEI Number: 83-2020489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEELD, WILLIAM C
10650 SW COREY PL
PALM CITY, FL 34990 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	DR
Name	NEELD, WILLIAM C
Address	10650 SW COREY PL
City-State-Zip:	PALM CITY FL 34990

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: WILLIAM CHAD NEELD DR 01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date