

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000285489

**Entity Name:** KATHERINE WELCH CHIROPRACTIC LLC

**Current Principal Place of Business:**

1921 DEL CREST PL  
LAKELAND, FL 33803

**Current Mailing Address:**

1921 DEL CREST PL  
LAKELAND, FL 33803 US

**FEI Number:** 83-2799235

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELCH, KATHERINE J  
1921 DEL CREST PL  
LAKELAND, FL 33803 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:** KATHERINE J WELCH

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AR	Title	MANAGING MEMBER
Name	GOLENO, TERRI A	Name	WELCH, KATHERINE J
Address	1921 DEL CREST PL	Address	1921 DEL CREST PL
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33803

*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:** TERRI A GOLENO

AR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date