

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000101014

Entity Name: GENTRY CHIROPRACTIC LLC

Current Principal Place of Business:

6320 SAINT AUGUSTINE ROAD
SUITE 1
JACKSONVILLE, FL 32217

Current Mailing Address:

7632 SOUTHSIDE BOULEVARD
33
JACKSONVILLE, FL 32256 US

FEI Number: 83-4382208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCEAN, ANDREW
6260 DUPONT STATION COURT EAST, SUITE C
JACKSONVILLE, FL 32217 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 GENTRY, TRACY DC
Address 6320 SAINT AUGUSTINE ROAD STE 1
City-State-Zip: JACKSONVILLE FL 32217

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: TRACY M GENTRY

MGR

02/23/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date