

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000201453

Entity Name: 100 PERCENT CHIROPRACTIC RONMARTIN, LLC

Current Principal Place of Business:

15989 PRESERVE MARKETPLACE BLVD.
ODESSA, FL 33556

Current Mailing Address:

15989 PRESERVE MARKETPLACE BLVD.
ODESSA, FL 33556 US

FEI Number: 84-3559456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, RON DC
15989 PRESERVE MARKETPLACE BLVD.
ODESSA, FL 33556 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 MARTIN, RON DC
Address 15989 PRESERVE MARKETPLACE
BLVD.
City-State-Zip: ODESSA FL 33556

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: RON MARTIN, D.C.

MANAGER

02/01/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date