

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000255244

Entity Name: TAMARAC CHIROPRACTIC CENTER LLC

Current Principal Place of Business:

4699 N STATE ROAD 7
TAMARAC, FL 33063

Current Mailing Address:

4699 N STATE ROAD 7
TAMARAC, FL 33063 US

FEI Number: 84-3481383

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARS & ASSOCIATES INC
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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 MGRM
Name LABISSIERE, JEAN-CLAUDE
Address 4699 N STATE ROAD 7
City-State-Zip: TAMARAC FL 33063

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: JEAN-CLAUDE LABISSIERE

DOCTOR

04/02/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date