

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000024060

**Entity Name:** SOL NETWORK CHIROPRACTIC LLC.

**Current Principal Place of Business:**

803 W LAS OLAS BLVD  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

803 W LAS OLAS BLVD  
FORT LAUDERDALE, FL 33312

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNIVERSAL ACCOUNTING & FINANCIAL SERVICES INC.  
6620 SOUTHPOINT DR S  
SUITE 505  
JACKSONVILLE, FL 32216 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:** YVETTE RASHID

02/19/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEONARDI, ANTHONY D  
Address 803 W LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** LEONARDI , ANTHONY D

MGR

02/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date