

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000385016

Entity Name: COHEN CHIROPRACTIC AND WELLNESS LLC

Current Principal Place of Business:

266 S UNIVERSITY DR
PLANTATION, FL 33317

Current Mailing Address:

266 S UNIVERSITY DR
PLANTATION, FL 33317 US

FEI Number: 85-4391118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, LANCE
266 S UNIVERSITY DR
PLANTATION, FL 33317 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 AMBR
Name COHEN, LANCE
Address 266 S UNIVERSITY DR
City-State-Zip: PLANTATION FL 33317

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: LANCE COHEN

AMBR

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date