

L10000096848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

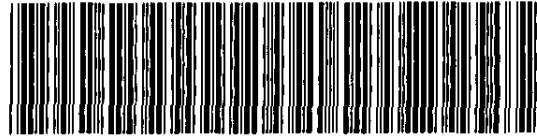
(Business Entity Name)

(Document Number)

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Rivera, Maribel

L10000096848

From: docleedc@gmail.com
Sent: Monday, February 07, 2011 3:44 PM
To: CorpAddressChange
Subject: Change of Address for " Nierman Chiropractic And Wellness LLC "

I am submitting this to change the address of my LLC as per your information on the phone.

Current information:

Nierman Chiropractic And Wellness LLC - document # L10000096848

Principal Address:

11640 ZIMMERMAN RD
PORT RICHEY FL 34668 US

Mailing Address:

11640 ZIMMERMAN RD
PORT RICHEY FL 34668 US

Registered Agent Name & Address:

NIERMAN, SHANNON L
11640 ZIMMERMAN RD
PORT RICHEY FL 34668 US

Manager/Member Detail

Name & Address:

Title MGR

NIERMAN, SHANNON L
11640 ZIMMERMAN RD
PORT RICHEY FL 34668 US

The new information:

Nierman Chiropractic And Wellness LLC - document # L10000096848

Principal Address:

9536 Princeton Square Blvd. S.
#1511

Jacksonville, FL 32256 US

Mailing Address:

9536 Princeton Square Blvd. S.
#1511

Jacksonville, FL 32256 US

Registered Agent Name & Address:

NIERMAN, SHANNON L
9536 Princeton Square Blvd. S.
#1511

Jacksonville, FL 32256 US

Manager/Member Detail

Name & Address:

Title MGR

NIERMAN, SHANNON L
9536 Princeton Square Blvd. S.

Needs
Fee

#1511

• . . Jacksonville, FL 32256 US