L10000096848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100188831641

A/C
JS
2/22

L10000096848

Rivera, Maribel

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

PS 2-22-11

#1511
Jacksonville, FL 32256 US

7-22-11