

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071117

Entity Name: HAVENDALE FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

233 MAGNOLIA AVE
AUBURNDALE, FL 33823

Current Mailing Address:

233 MAGNOLIA AVE
AUBURNDALE, FL 33823 US

FEI Number: 20-5217416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH, LAMOTHE
622 REFLECTION LOOP WEST
WINTER HAVEN, FL 33884 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: LAMOTHE JOSEPH

03/15/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM/SOLE OWNER
Name GLUCK, DIETER DR.
Address 233 MAGNOLIA AVE
City-State-Zip: AUBURNDALE FL 33823

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: DIETER H GLUCK, D.C.

OWNER

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date