

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101278

Entity Name: CARTER CHIROPRACTIC AND WELLNESS, L.L.C.

Current Principal Place of Business:

1205 PIPER BLVD.
SUITE 103
NAPLES, FL 34110

Current Mailing Address:

1205 PIPER BLVD.
SUITE 103
NAPLES, FL 34110 US

FEI Number: 20-5764299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARTER, SUSAN M
1205 PIPER BLVD.
SUITE 103
NAPLES, FL 34110 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 MGRM
Name CARTER, SUSAN M
Address 311 SADDLEBROOK LANE
City-State-Zip: NAPLES FL 34110

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: SUSAN M CARTER

PRESIDENT

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date