

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058552

Entity Name: ACTIVE CHIROPRACTIC WELLNESS CENTER, LLC

Current Principal Place of Business:

2570 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

Current Mailing Address:

5769 RAINBOW LAKE CT.
JACKSONVILLE, FL 32258

FEI Number: 26-2820382

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ACTIVE MEDICAL & CHIROPRACTIC
ACTIVE MEDICAL & CHIROPRACTIC
2570
JACKSONVILLE, FL 32207 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: CHRISTOPHER B RENNE

04/04/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name RENNE D.C., CHRISTOPHER B DR.
Address 2570 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32207

Title MANAGER
Name RENNE , KIMBERLY HANNA
Address 2570 ATLANTIC BOULEVARD
City-State-Zip: JACKSONVILLE FL 32207

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: KIMBERLY H RENNE

MANAGER

04/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date