

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045961

Entity Name: YOLARIS GARCIA CHIROPRACTIC CENTER L.L.C.

Current Principal Place of Business:

11730 BISCAYNE BLVD. #104
MIAMI, FL 33181

Current Mailing Address:

11730 BISCAYNE BLVD. #104
MIAMI, FL 33181

FEI Number: 71-1051967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, YOLARIS
11730 BISCAYNE BLVD. #104
MIAMI, FL 33181 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 MGR
Name GARCIA, YOLARIS
Address 11730 BISCAYNE BLVD. #104
City-State-Zip: MIAMI FL 33181

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: YOLARIS GARCIA

OWNER

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date