

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037835

**Entity Name:** OLDE SEVILLE CHIROPRACTIC PLLC

**Current Principal Place of Business:**

210 E. INTENDENCIA ST.  
PENSACOLA, FL 32502

**Current Mailing Address:**

210 E. INTENDENCIA ST  
PENSACOLA, FL 32502 US

**FEI Number:** 27-2298050

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JEUDEVINE, LINDSEY KDC  
3461 GOLDENWOOD WAY  
PENSACOLA, FL 32504 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 JEUDEVINE, LINDSEY KDC  
Address 3461 GOLDENWOOD WAY  
City-State-Zip: PENSACOLA FL 32504

*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:** LINDSEY JEUDEVINE, DC

**PRESIDENT**

**02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date