

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000020815

Entity Name: LIPSIE CHIROPRACTIC, LLC

Current Principal Place of Business:

27465 PELICAN RIDGE CIRCLE
BONITA SPRINGS, FL 34135

Current Mailing Address:

27465 PELICAN RIDGE CIRCLE
BONITA SPRINGS, FL 34135 US

FEI Number: 45-4533860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPSIE, DR. GREG D.C.
27465 PELICAN RIDGE CIRCLE
BONITA SPRINGS, FL 34135 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 LIPSIE, DR. GREG D.C.
Address 27465 PELICAN RIDGE CIRCLE
City-State-Zip: BONITA SPRINGS FL 34135

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: DR. GREG LIPSIE

MGRM

04/25/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date