

**2018 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 DC

MGRM

04/26/2018

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

\_\_\_\_\_ Date