

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000149183

Entity Name: BOLD CITY CHIROPRACTIC LLC

Current Principal Place of Business:

8102 BLANDING BLVD STE 11
JACKSONVILLE, FL 32244

Current Mailing Address:

8102 BLANDING BLVD STE 11
JACKSONVILLE, FL 32244

FEI Number: 46-1470239

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZOVATH, ZACHARY J
8102 BLANDING BLVD STE 11
JACKSONVILLE, FL 32244 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: ZACHARY ZOVATH

03/26/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ZOVATH, ERIN
Address 8102 BLANDING BLVD STE 11
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGING MEMBER
Name ZOVATH, ZACHARY J
Address 8102 BLANDING BLVD STE 11
City-State-Zip: JACKSONVILLE FL 32244

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: ZACHARY ZOVATH

MGR

03/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date