

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000044493

Entity Name: KUHN FAMILY CHIROPRACTIC LLC

Current Principal Place of Business:

7181 COLLEGE PKWY
SUITE 6
FORT MYERS, FL 33907

Current Mailing Address:

7181 COLLEGE PKWY
SUITE 6
FORT MYERS, FL 33907 US

FEI Number: 46-2473253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUHN, ALEXANDER J
6341 ARAGON WAY
APT 208
FORT MYERS, FL 33966 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 MGMR
Name KUHN, ALEXANDER J
Address 6341 ARAGON WAY
APT 208
City-State-Zip: FORT MYERS FL 33966

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: ALEXANDER KUHN

MGMR

02/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date