

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000046793

Entity Name: SEASCAPE CHIROPRACTIC, LLC

Current Principal Place of Business:

140 S. BEACH STREET
SUITE 416
DAYTONA BEACH, FL 32114

Current Mailing Address:

1025 FOX TRACE COURT
PORT ORANGE, FL 32127 US

FEI Number: 46-2406052

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPPAGALLO, EDWARD
1025 FOX TRACE COURT
PORT ORANGE, FL 32127 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 MGR
Name PAPPAGALLO, EDWARD
Address 1025 FOX TRACE COURT
City-State-Zip: PORT ORANGE FL 32127

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: EDWARD PAPPAGALLO

MGR

03/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date