

**2017 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

**OWNER**

**01/04/2017**

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

\_\_\_\_\_  
Date