

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000054745

**Entity Name:** ZENERGY CHIROPRACTIC LLC

**Current Principal Place of Business:**

3305 RICE STREET  
MIAMI, FL 33133

**Current Mailing Address:**

3221 SABAL PALM MANOR APT 208  
HOLLYWOOD, FL 33024

**FEI Number:** 46-2683459

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNS, DANIEL  
3221 SABAL PALM MANOR APT 208  
HOLLYWOOD, FL 33024 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 JOHNS, DANIEL  
Address 3221 SABAL PALM MANOR APT 208  
City-State-Zip: HOLLYWOOD FL 33024

*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:** DANIEL JOHNS

**MANAGER**

**06/16/2016**

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

\_\_\_\_\_ Date