# DOCUMENT# L13000057994

Entity Name: JIMENEZ CHIROPRACTIC - MED SPA, LLC.

## **Current Principal Place of Business:**

2464 CORAL WAY MIAMI, FL 33145

#### **Current Mailing Address:**

BLANCO DE VERA, LLC. 2103 CORAL WAY, SUITE 304 MIAMI, FL 33145

## FEI Number: 46-2632560

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

JIMENEZ, MAYKEL 1910 SW 18 AVENUE MIAMI, FL 33145 US Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	JIMENEZ, MAYKEL	Name	JIMENEZ, MARTA I
Address	3540 SW 24 STREET	Address	1910 SW 18 AVENUE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33145
Title	MGR		
Name	JIMENEZ, VERANIA L		
Address	3540 SW 24 STREET		

City-State-Zip: MIAMI FL 33145

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: MAYKEL	JIMENEZ
-------------------	---------

PRES

Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Feb 21, 2018 Secretary of State CC0388081144

Electronic Signature of Signing Authorized Person(s) Detail

Date