

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**Certificate of Status Desired:** No

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

JIMENEZ, MAYKEL  
1910 SW 18 AVENUE  
MIAMI, FL 33145 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 MGRM  
Name JIMENEZ, MAYKEL  
Address 3540 SW 24 STREET  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name JIMENEZ, MARTA I  
Address 1910 SW 18 AVENUE  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name PEÑÃA, 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**

**02/13/2017**

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

\_\_\_\_\_  
Date