

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000066660

Entity Name: DAVIS CLINIC OF CHIROPRACTIC PLLC

Current Principal Place of Business:

1585 SANTA BARBARA BOULEVARD
THE VILLAGES, FL 32159

Current Mailing Address:

1585 SANTA BARBARA BOULEVARD
THE VILLAGES, FL 32159

FEI Number: 20-4643941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UDICK, ARLENE C
39245 TACOMA AVENUE
LADY LAKE, FL 32156 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	Title	MANAGER
Name	DAVIS, JASON	Name	DAVIS, DEANNA
Address	1585 SANTA BARBARA BOULEVARD	Address	1585 SANTA BARBARA BOULEVARD
City-State-Zip:	THE VILLAGES FL 32159	City-State-Zip:	THE VILLAGES FL 32159

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: DEANNA DAVIS

MGR

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date