

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000053503

Entity Name: IBANEZ CHIROPRACTIC, LLC

Current Principal Place of Business:

8680 NW 10TH STREET
PEMBROKE PINES , FL 33024

Current Mailing Address:

8680 NW 10TH STREET
PEMBROKE PINES , FL 33024 US

FEI Number: 46-5277358

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

IBANEZ, KRISTIN
8680 NW 10TH STREET
PEMBROKE PINES , 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 AR
Name IBANEZ, KRISTIN DR.
Address 8680 NW 10TH STREET
City-State-Zip: PEMBROKE PINES 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: KRISTIN IBANEZ

04/26/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date