

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000074385

**Entity Name:** GALLOWAY CHIROPRACTIC PASCO LLC

**Current Principal Place of Business:**

8142 BELLARUS WAY  
SUITE 102  
TRINITY, FL 34655

**Current Mailing Address:**

8142 BELLARUS WAY  
SUITE 102  
TRINITY, FL 34655 US

**FEI Number:** 47-1008586

**Certificate of Status Desired:** No

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

GALLOWAY, RICHARD P III  
6963 E. FOWLER AVE  
TAMPA, FL 33617 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 GALLOWAY, RICHARD P III  
Address 6963 E. FOWLER AVE  
City-State-Zip: TAMPA FL 33617

*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:** RICHARD GALLOWAY

MGR

05/05/2021

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

\_\_\_\_\_ Date