

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000074385

Entity Name: GALLOWAY CHIROPRACTIC PASCO LLC

Current Principal Place of Business:

1023 US HIGHWAY 19
HOLIDAY, FL 34691

Current Mailing Address:

1023 US HIGHWAY 19
HOLIDAY, FL 34691 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

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date