

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195385

Entity Name: CHI-RHO FAMILY WELLNESS CHIROPRACTIC, LLC

Current Principal Place of Business:

6385 S. WILLIAMSON BLVD
825
PORT ORANGE, FL 32128

Current Mailing Address:

6385 S. WILLIAMSON BLVD
825
PORT ORANGE, FL 32128 US

FEI Number: 47-2761437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORTES, SULEYKA DR
6385 S. WILLIAMSON BLVD
APT 825
PORT ORANGE, FL 32128 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 CORTES, SULEYKA DR
Address 6385 S. WILLIAMSON BLVD
APT 825
City-State-Zip: PORT ORANGE FL 32128

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: SULEYKA CORTES

OWNER

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date