

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000099687

Entity Name: PALMER CHIROPRACTIC AND WELLNESS, LLC

Current Principal Place of Business:

1555 HOWELL BRANCH RD.
STE. B-2
WINTER PARK, FL 32789

Current Mailing Address:

1520 NEOLA TRL
WINTER PARK, FL 32789 US

FEI Number: 47-4239578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, WILLIAM
1520 NEOLA TRL
WINTER PARK, FL 32789 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: WILLIAM PALMER

04/07/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PALMER, WILLIAM
Address 1520 NEOLA TRL
City-State-Zip: WINTER PARK FL 32789

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: WILLIAM PALMER

OWNER/MGR

04/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date