

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000153593

**Entity Name:** SWAAGMAN CHIROPRACTIC & WELLNESS, L.L.C.

**Current Principal Place of Business:**

672 N SEMORAN BLVD  
SUITE 104  
ORLANDO, FL 32807

**Current Mailing Address:**

3018 ASHLAND LANE S  
KISSIMMEE, FL 34741 US

**FEI Number:** 47-4865438

**Certificate of Status Desired:** Yes

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

SWAAGMAN, SHAWN E  
3018 ASHLAND LANE S  
KISSIMMEE, FL 34741 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 MGRM  
Name SWAAGMAN, SHAWN E  
Address 3018 ASHLAND LANE S  
City-State-Zip: KISSIMMEE FL 34741

*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:** SHAWN SWAAGMAN

MGRM

04/20/2016

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

\_\_\_\_\_ Date