

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000206434

Entity Name: REVOLUTION CHIROPRACTIC LLC

Current Principal Place of Business:

14866 OLD SAINT AUGUSTINE ROAD
SUITE 103
JACKSONVILLE, FL 32258

Current Mailing Address:

14866 OLD SAINT AUGUSTINE ROAD
SUITE 103
JACKSONVILLE, FL 32258 US

FEI Number: 81-0847877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COST, LAUREN DR.
14866 OLD SAINT AUGUSTINE ROAD
SUITE 103
JACKSONVILLE, FL 32258 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: LAUREN COST D.C.

01/29/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	COST , LAUREN DR.	Name	COST, GEORGE
Address	14866 OLD SAINT AUGUSTINE ROAD SUITE 103	Address	14866 OLD SAINT AUGUSTINE ROAD SUITE 103
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258

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: LAUREN A COST

OWNER

01/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date