

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000000549

**Entity Name:** JOURNEY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

131 ACKLINS CIRCLE  
206  
DAYTONA BEACH, FL 32119

**Current Mailing Address:**

131 ACKLINS CIRCLE  
206  
DAYTONA BEACH, FL 32119 US

**FEI Number:** 81-0971477

**Certificate of Status Desired:** No

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

BOYKINS, CHRIS L DC  
131 ACKLINS CIRCLE  
206  
DAYTONA BEACH, FL 32119 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 BOYKINS, CHRIS L DC  
Address 10112 LAKEWOOD RANCH DR.  
City-State-Zip: RIVERVIEW FL 33578

Title MGR  
Name REYNARD, MONIQUE  
Address 1909 CHESTNUTWOOD DR  
City-State-Zip: VALRICO FL 33596

*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:** CHRIS BOYKINS

**MGR**

**03/19/2017**

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

\_\_\_\_\_  
Date