## 2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000024292

Entity Name: CHIROCARE OF THE SUNCOAST, L.L.C.

**Current Principal Place of Business:** 

3655 CORTEZ ROAD WEST SUITE # 100 BRADENTON, FL 34210

## **Current Mailing Address:**

3655 CORTEZ ROAD WEST SUITE # 100 BRADENTON, FL 34210 US

FEI Number: 02-0629018 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ANDERSON, DR. JEFFREY O 3655 CORTEZ ROAD WEST SUITE # 100 BRADENTON, FL 34210 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: DR. JEFFREY O. ANDERSON, D.C. 10/05/2020

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title AMBR

Name ANDERSON, JEFFERY O DR Address 3655 CORTEZ ROAD WEST

**SUITE # 100** 

City-State-Zip: BRADENTON FL 34210

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: ANDERSON , DR. JEFFERY , O

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

FILED Oct 05, 2020

**Secretary of State** 

2088360650CR

Date

10/05/2020