

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000181616

Entity Name: CHIROPRACTIC HOUSE CALLS ,LLC

Current Principal Place of Business:

830 COMMED BLVD,
SUITE E
ORANGE CITY, FL 32763

Current Mailing Address:

830 COMMED BLVD,
SUITE E
ORANGE CITY, FL 32763 US

FEI Number: 81-3992456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERICKSON, ALEX
212 SPARTAN DRIVE
MAITLAND, FL 32751 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 ERICKSON, ALEX
Address 1995 KENTUCKY AVE
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: ALEX ERICKSON

PRESIDENT

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date