

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000198502

**Entity Name:** JOIE DE VIVRE HEALTH AND CHIROPRACTIC, LLC

**Current Principal Place of Business:**

6300 N SHERIDAN ROAD  
SUITE 704  
CHICAGO, IL 60660

**Current Mailing Address:**

6300 N SHERIDAN ROAD  
SUITE 704  
CHICAGO, IL 60660 US

**FEI Number:** 81-4345239

**Certificate of Status Desired:** No

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

DAVID, ROBERTS  
REGISTERED AGENTS INC  
7901 4TH ST N STE. 300  
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

03/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LLEWELLYN, JAMES  
Address 6300 N SHERIDAN ROAD  
SUITE 704  
City-State-Zip: CHICAGO IL 60660

Title MGRM  
Name LLEWELLYN, WILL  
Address 6300 N SHERIDAN ROAD  
SUITE 704  
City-State-Zip: CHICAGO IL 60660

*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:** JAMES D LLEWELLYN

**MEMBER PARTNER -  
OFFICE MANAGER**

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date