

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000198502

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

**Current Principal Place of Business:**

2060 HIGHWAY A1A  
SUITE 304  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

PO BOX 361685  
MELBOURNE, FL 32936 US

**FEI Number:** 81-4345239

**Certificate of Status Desired:** No

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

LLEWELLYN, JAMES DANIEL  
620 CROTON ROAD  
MELBOURNE, FL 32935 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:** JAMES D. LLEWELLYN

04/09/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	LLEWELLYN, JAMES	Name	LLEWELLYN, WILL
Address	620 CROTON ROAD	Address	620 CROTON ROAD
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935

*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 - OFFICE  
MANAGER**

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date