

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000198502

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

**Current Principal Place of Business:**

1350 ORANGE AVENUE  
STE 266  
WINTER PARK, FL 32789

**Current Mailing Address:**

1350 ORANGE AVENUE  
STE 266  
WINTER PARK, FL 32789 US

**FEI Number:** 81-4345239

**Certificate of Status Desired:** No

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

GAMBA, ROSE MARIE CPA  
707 BONGART ROAD  
WINTER PARK, FL 32792 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 MGRM  
Name LLEWELLYN, JAMES  
Address 851 MILES AVENUE  
#19  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name LLEWELLYN, WILL  
Address 851 MILES AVENUE  
#19  
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:** JAMES D. LLEWELLYN

**MEMBER - OFFICE  
MANAGER**

**04/20/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date