

2022 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

04/03/2022

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 - PARTNER -
OFFICE MANAGER**

04/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date