

2017 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 | Title | MGRM |
| Name | LLEWELLYN, JAMES | Name | LLEWELLYN, WILL |
| Address | 11240 FOUNTAIN LAKE BOULEVARD | Address | 11240 FOUNTAIN LAKE BOULEVARD |
| City-State-Zip: | LEESBURG FL 34788 | City-State-Zip: | LEESBURG FL 34788 |

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

**OFFICE MANAGER -
MEMBER**

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date