

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000127175

Entity Name: GALLOWAY CHIROPRACTIC AND HEALTH, LLC

Current Principal Place of Business:

322 S. FALKENBURG RD
TAMPA, FL 33619

Current Mailing Address:

322 S. FALKENBURG RD
TAMPA, FL 33619 US

FEI Number: 82-1859082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLOWAY, ROBERT M
1811 VIA CHIANTI ST
PLANT CITY, FL 33566 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 DR
Name GALLOWAY, ROBERT M
Address 1811 VIA CHIANTI ST
City-State-Zip: PLANT CITY FL 33566

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: ROBERT M GALLOWAY

OWNER

01/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date