

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000185078

Entity Name: CORRECTIVE CHIROPRACTIC, PLLC

Current Principal Place of Business:

206 S 15 AVE
APT 4
HOLLYWOOD, FL 33020

Current Mailing Address:

206 S 15 AVE
APT 4
HOLLYWOOD, FL 33020 US

FEI Number: 82-4316612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASLETT, JOHN
206 S 15 AVE
APT 4
HOLLYWOOD, FL 33020 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 AP
Name HASLETT, JOHN
Address 206 S 15 AVE
APT 4
City-State-Zip: HOLLYWOOD FL 33020

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: JOHN HASLETT

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date