

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000136710

Entity Name: SADEN CHIROPRACTIC LLC

Current Principal Place of Business:

107 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561

Current Mailing Address:

107 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 US

FEI Number: 82-5469913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SADEN, PATRICK R
107 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 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 MGR
Name SADEN, PATRICK R
Address 107 BAYBRIDGE DRIVE
City-State-Zip: GULF BREEZE FL 32561

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: PATRICK SADEN

OWNER

02/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date