

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000239473

**Entity Name:** FIRSHAND CHIROPRACTIC, LLC

**Current Principal Place of Business:**

3501 BESSIE COLEMAN BOULEVARD  
#26293  
TAMPA, FL 33630

**Current Mailing Address:**

3501 BESSIE COLEMAN BOULEVARD  
#26293  
TAMPA, FL 33630

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAJETTE, MICHAEL S  
3501 BESSIE COLEMAN BOULEVARD  
#26293  
TAMPA, FL 33630 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 MAJETTE, MICHAEL S  
Address 3501 BESSIE COLEMAN BOULEVARD  
#26293  
City-State-Zip: TAMPA FL 33630

Title PST  
Name MAJETTE, AMANDA T  
Address 3501 BESSIE COLEMAN BOULEVARD  
#26293  
City-State-Zip: TAMPA FL 33630

*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:** MICHAEL S MAJETTE

MGR

04/30/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date