

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000286991

Entity Name: BALANCED BODY CHIROPRACTIC, LLC

Current Principal Place of Business:

544 STATE ROAD 559
AUBURNDALE, FL 33823

Current Mailing Address:

544 STATE ROAD 559
AUBURNDALE, FL 33823

FEI Number: 83-2856461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAHONEY, BRENDAN D
544 STATE ROAD 559
AUBURNDALE, FL 33823 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 | Title | MGR |
| Name | MAHONEY, BRENDAN D | Name | MAHONEY, STEPHANIE R |
| Address | 544 STATE ROAD 559 | Address | 544 STATE ROAD 559 |
| City-State-Zip: | AUBURNDALE FL 33823 | City-State-Zip: | AUBURNDALE FL 33823 |

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: BRENDAN MAHONEY

OWNER

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date