

2020 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: Yes

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

04/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date