

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000115499

Entity Name: ELEVATE CHIROPRACTIC WELLNESS LLC

Current Principal Place of Business:

1975 E. SUNRISE BLVD #525
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2041 NW 85TH WAY
PEMBROKE PINES, FL 33024 US

FEI Number: 83-4692422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARDOZA, ERIC
1975 E. SUNRISE BLVD #525
FORT LAUDERDALE, FL 33304 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 AR
Name CARDOZA, ERIC
Address 2041 NW 85 WAY
City-State-Zip: PEMBROKE PINES FL 33024

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: ERIC CARDOZA

AR

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date