

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000130131

Entity Name: SOFLO MOBILE CHIROPRACTIC LLC

Current Principal Place of Business:

15331 SW 305 ST
HOMESTEAD, FL 33033

Current Mailing Address:

15331 SW 305 ST
HOMESTEAD, FL 33033 US

FEI Number: 84-1861561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENA, JACQUELINE
15331 SW 305 ST
HOMESTEAD, FL 33033 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: JACQUELINE MENA

04/26/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MENA, GABRIELLA DR.	Name	GONZALEZ, FRANK DR.
Address	15331 SW 305TH ST	Address	15331 SW 305 ST
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

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: GABRIELLA MENA

DR.

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date