

**2020 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:**

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 AUTHORIZED MEMBER  
Name MENA, GABRIELLA DR.  
Address 15331 SW 305TH ST  
City-State-Zip: HOMESTEAD FL 33033

Title AUTHORIZED MEMBER  
Name GONZALEZ, FRANK DR.  
Address 15331 SW 305 ST  
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

**AUTHORIZED MEMBER**

**04/23/2020**

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

\_\_\_\_\_  
Date