

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000099980

Entity Name: HOPKINS CHIROPRACTIC SERVICES, PLLC

Current Principal Place of Business:

1019 NEW WINSOR LOOP
SUN CITY CENTER, FL 33573

Current Mailing Address:

1019 NEW WINSOR LOOP
SUN CITY CENTER, FL 33573 US

FEI Number: 81-4031648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOPKINS, CHRIS A
1019 NEW WINSOR LOOP
SUN CITY CENTER, FL 33573 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
Name HOPKINS, CHRIS A
Address 1019 NEW WINSOR LOOP
City-State-Zip: SUN CITY CENTER FL 33573

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: CHRIS HOPKINS

OWNER

03/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date