

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000099980

Entity Name: HOPKINS CHIROPRACTIC SERVICES, PLLC

Current Principal Place of Business:

54492 TURNING LEAF DRIVE
CALLAHAN, FL 32011

Current Mailing Address:

54492 TURNING LEAF DRIVE
CALLAHAN, FL 32011 US

FEI Number: 81-4031648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOPKINS, CHRIS A
54492 TURNING LEAF DRIVE
CALLAHAN, FL 32011 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 54492 TURNING LEAF DRIVE
City-State-Zip: CALLAHAN FL 32011

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 A HOPKINS

OWNER

04/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date