

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000139562

Entity Name: OVIEDO CHIROPRACTIC MOBILE CARE LLC

Current Principal Place of Business:

2831 SPRING HEATHER PL.
OVIEDO, FL 32766

Current Mailing Address:

2831 SPRING HEATHER PL.
OVIEDO, FL 32766 US

FEI Number: 85-1254749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, MARK E JR
2831 SPRING HEATHER PL.
OVIEDO, FL 32766 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	MR	Title	DR.
Name	JOHNSON, MARK E JR	Name	JOHNSON, MARK R
Address	2831 SPRING HEATHER PL.	Address	2831 SPRING HEATHER PL.
City-State-Zip:	OVIEDO FL 32766	City-State-Zip:	OVIEDO FL 32766

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: MARK E JOHNSON JR

01/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date