

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000203036

Entity Name: BRAIN AND BODY CHIROPRACTIC CLINIC PLLC

Current Principal Place of Business:

6771 PROFESSIONAL PARKWAY WEST
SUITE 101
LAKEWOOD RANCH, FL 34240

Current Mailing Address:

6771 PROFESSIONAL PARKWAY WEST
SUITE 101
LAKEWOOD RANCH, FL 34240 US

FEI Number: 86-1225918

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOLFE, CONNOR
6771 PROFESSIONAL PARKWAY WEST
SUITE 101
LAKEWOOD RANCH, FL 34240 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	MANAGING MEMBER	Title	MANAGING MEMBER
Name	GLUBIAK, RACHEL A DR.	Name	WOLFE, CONNOR L DR.
Address	6771 PROFESSIONAL PARKWAY WEST SUITE 101	Address	6771 PROFESSIONAL PARKWAY WEST SUITE 101
City-State-Zip:	LAKEWOOD RANCH FL 34240	City-State-Zip:	LAKEWOOD RANCH FL 34240

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: CONNOR WOLFE

MANAGING MEMBER

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date