

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000353201

Entity Name: SEVEN BRIDGES CHIROPRACTIC LLC

Current Principal Place of Business:

1563 ALFORD PL
STE 5
JACKSONVILLE, FL 32207

Current Mailing Address:

2159 LARCHMONT RD
JACKSONVILLE, FL 32207 UN

FEI Number: 36-2179676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOLLIVER, DALTON V
1563 ALFORD PL
STE 5
JACKSONVILLE, FL 32207 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 DC
Name TOLLIVER, DALTON V
Address 1563 ALFORD PL
STE 5
City-State-Zip: JACKSONVILLE 32207

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: DALTON TOLLIVER

DC/OWNER

01/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date