

**2023 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:**

1563 ALFORD PL  
STE 5  
JACKSONVILLE, 32207 UN

**FEI Number:** 88-1051978

**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

**OWNER**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date