

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000249262

Entity Name: BUCKLES CHIROPRACTIC LLC

Current Principal Place of Business:

3050 E OLD RIVER RD, UNIT 704
JACKSONVILLE, FL 32223

Current Mailing Address:

3050 E OLD RIVER RD, UNIT 704
JACKSONVILLE, FL 32223 US

FEI Number: 88-2715044

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUCKLES, CONNER W
3050 E OLD RIVER RD, UNIT 704
JACKSONVILLE, FL 32223 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	Title	AMBR
Name	BUCKLES, CONNER W	Name	BUCKLES, JANELLA R
Address	3050 E OLD RIVER RD, UNIT 704	Address	3050 E OLD RIVER RD, UNIT 704
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223

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: CONNER BUCKLES

MGR

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date