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: MARC ANDERS

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L05000030854

Entity Name: ANDERS CHIROPRACTIC & SPORTS PERFORMANCE LLC

Current Principal Place of Business:

3361 ROUSE ROAD SUITE 230 ORLANDO, FL 32817

Current Mailing Address:

3361 ROUSE ROAD SUITE 230 ORLANDO, FL 32817 US

FEI Number: 56-2502409

Name and Address of Current Registered Agent:

ANDERS, MARC C 3361 ROUSE ROAD SUITE 230 ORLANDO, FL 32817 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

Authorized Person(s) Detail :

Authonized Ferson(s) Detail .			
Title	MGRM	Title	MGRM
Name	ANDERS, MARC C	Name	ANDERS, MICHELLE A
Address	3361 ROUSE ROAD SUITE 230	Address	3361 ROUSE ROAD SUITE 230
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ORLANDO FL 32817

Certificate of Status Desired: No

FILED Mar 06, 2024 Secretary of State 1662920025CC

Date

Date