

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000024588

**Entity Name:** KENDALL CHIRO, LLC

**Current Principal Place of Business:**

14335 SW 120TH STREET  
SUITE 102  
MIAMI, FL 33186

**Current Mailing Address:**

14335 SW 120TH STREET  
102  
MIAMI, FL 33186 US

**FEI Number:** 27-5198130

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZUSMER, DEAN MDC  
536 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141 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	MGRM	Title	MGRM
Name	ZUSMER, DEAN MDC	Name	GOMEZ, KEREN HDC
Address	536 NORTH SHORE DRIVE	Address	14335 SW 120TH STREET 102
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI FL 33186

*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:** KEREN GOMEZ

**PRESIDENT**

**01/12/2021**

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

\_\_\_\_\_  
Date