# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130742

Entity Name: ADVANCED CHIROPRACTIC HEALTH AND AWARENESS

CENTER, LLC

### **Current Principal Place of Business:**

700 2ND AVE N **SUITE #203** NAPLES, FL 34102

# **Current Mailing Address:**

700 2ND AVE N **SUITE #203** NAPLES, FL 34102 US

FEI Number: 45-3822797 Certificate of Status Desired: No

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

JCK ACCOUNTING & TAX SERVICES 5664 STRAND CT SUITE #B NAPLES, FL 34110 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: LEE GARIEPY 02/01/2023

> Date Electronic Signature of Registered Agent

# Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

BERGTOLD, MATTHEW R BERGTOLD, RITA L Name Name 1441 24TH AVE NE Address Address 1441 24TH AVE NE City-State-Zip: NAPLES FL 34120 City-State-Zip: NAPLES FL 34120

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.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail

**FILED** Feb 01, 2023

**Secretary of State** 

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