

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000154679

Entity Name: JACKSONVILLE CHIROPRACTIC AND REHABILITATION LLC

Current Principal Place of Business:

2467 FAYE ROAD
STE 4
JACKSONVILLE, FL 32226

Current Mailing Address:

2467 FAYE ROAD
4
JACKSONVILLE, FL 32226 US

FEI Number: 47-2000093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOU, SOM T
2467 FAYE ROAD
4
JACKSONVILLE, FL 32226 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: SOM T LOU

02/07/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name SALVAGIO, LOUIS
Address 2467 FAYE ROAD SUITE 4
City-State-Zip: JACKSONVILLE FL 32226

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: LOUIS SALVAGIO

OWNER

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date