

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000123383

**Entity Name:** TROUBLE CREEK CHIROPRACTIC, LLC

**Current Principal Place of Business:**

5300 MAIN ST.  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

6018 BAYWAY CT.  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 81-3134125

**Certificate of Status Desired:** No

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

STACEY, RONALD F II  
5300 MAIN ST.  
NEW PORT RICHEY, FL 34652 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 AMBR  
Name STACEY, RONALD F II  
Address 5300 MAIN ST.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title AMBR  
Name STACEY, SUZANNE  
Address 6018 BAYWAY COURT  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** SUZANNE STACEY

AMBR

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date