

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000059226

**Entity Name:** FINNEGAN CHIROPRACTIC, LLC

**Current Principal Place of Business:**

7653 CYPRESS TRACE COURT  
NEW PORT RICHEY, FL 33653

**Current Mailing Address:**

7653 CYPRESS TRACE COURT  
NEW PORT RICHEY, FL 33653 US

**FEI Number:** 83-3451367

**Certificate of Status Desired:** No

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

FINNEGAN, DREW  
7653 CYPRESS TRACE COURT  
NEW PORT RICHEY, FL 33653 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 FINNEGAN, DREW  
Address 7653 CYPRESS TRACE COURT  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** DREW FINNEGAN

DR

02/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date