

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000060707

**Entity Name:** WEBER CHIRO, LLC

**Current Principal Place of Business:**

225 PALM BAY ROAD, NE #173  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

225 PALM BAY ROAD, NE #173  
WEST MELBOURNE, FL 32904 US

**FEI Number: 82-4754290**

**Certificate of Status Desired: No**

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

WEBER, DANIEL M  
8452 STROM PARK DRIVE  
MELBOURNE, FL 32940 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	MGR	Title	MGR
Name	WEBER, DANIEL M	Name	WEBER, CARYN W
Address	8452 STROM PARK DRIVE	Address	8452 STROM PARK DRIVE
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940

*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: CARYN WEBER**

**MANAGER**

**02/08/2019**

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

\_\_\_\_\_  
Date