**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 07, 2022**
**Secretary of State**
**4724830972CC**

DOCUMENT# L18000088254

**Entity Name:** NEW WAVE CHIROPRACTIC LLC

**Current Principal Place of Business:**

3150 N WICKMAN RD
#5
MELBOURNE, FL 32935

**Current Mailing Address:**

2891 NEWCASTLE DR NE
PALM BAY, FL 32905 US

**FEI Number: 82-5093602**

**Certificate of Status Desired:** No

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

MINCEY, ASHLEY SHIVER
2891 NEWCASTLE DR. NE
PALM BAY, FL 32905 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: ASHLEY SHIVER MINCEY 02/07/2022

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | SHIVER MINCEY, ASHLEY |
| Address | 2891 NEWCASTLE DR NE |
| City-State-Zip: | PALM BAY FL 32905 |

*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: ASHLEY SHIVER MINCEY OWNER 02/07/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date