

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000180835

**Entity Name:** EXPERIENCE CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

2424 NORTH CONGRESS AVE  
SUITE K  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2424 NORTH CONGRESS AVE  
SUITE K  
WEST PALM BEACH, FL 33409

**FEI Number:** 83-1369471

**Certificate of Status Desired:** No

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

KASTEIN, STEVEN R  
2424 NORTH CONGRESS AVE  
SUITE K  
WEST PALM BEACH, FL 33409 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           MANAGER  
Name           KASTEIN, STEVEN R  
Address        2424 NORTH CONGRESS AVE  
                  SUITE K  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** STEVEN KASTEIN

**PRESIDENT**

**03/29/2024**

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

\_\_\_\_\_  
Date