## **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000017861

Entity Name: NIEVES CHIRO LLC

**Current Principal Place of Business:** 

19378 BLACK OLIVE LN BOCA RATON, FL 33498

40270 DI ACK OLIVE LNI

## **Current Mailing Address:**

19378 BLACK OLIVE LN BOCA RATON, FL 33498 US

FEI Number: 84-4441147 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NIEVES, STEPHANIE 19378 BLACK OLIVE LN BOCA RATON, FL 33498 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

FILED Jan 06, 2021

**Secretary of State** 

7969472062CC

## Authorized Person(s) Detail:

Title MGR

Name NIEVES, STEPHANIE
Address 19378 BLACK OLIVE LN
City-State-Zip: BOCA RATON FL 33498

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.