

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000017861

**Entity Name:** NIEVES CHIRO LLC

**Current Principal Place of Business:**

8870 W ATLANTIC AVE. STE. D3  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

8870 W ATLANTIC AVE  
STE D3  
DELRAY BEACH, FL 33446 US

**FEI Number:** 84-4441147

**Certificate of Status Desired:** No

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

NIEVES, STEPHANIE  
8870 W ATLANTIC AVE  
D3  
DELRAY BEACH, FL 33446 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  
Name NIEVES, STEPHANIE  
Address 8870 W ATLANTIC AVE  
STE D3  
City-State-Zip: DELRAY BEACH FL 33446

*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:** STEPHANIE NIEVES

**OWNER**

**01/22/2024**

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

\_\_\_\_\_  
Date