

2023 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
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

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.

SIGNATURE: STEPHANIE NIEVES

OWNER

01/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date