

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000368550

Entity Name: ESCOBAR CHIROPRACTIC LLC

Current Principal Place of Business:

912 COLFOX AVE.
WINTER PARK, FL 32789

Current Mailing Address:

912 COLFOX AVE.
WINTER PARK, FL 32789 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARIN, ESPERANZA
27 BROADWAY
KISSIMMEE, FL 34741 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 ESCOBAR QUINTERO, JUAN G
Address 3240 FAIRHAVEN AVE
City-State-Zip: KISSIMMEE FL 34746

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: ESCOBAR QUINTERO, JUAN G

MGR

04/23/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date