

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000016100

**Entity Name:** 100 CHIRO BEVIS NUTTY, LLC

**Current Principal Place of Business:**

8570 STIRLING RD  
BLDG B STE 103  
DAVIE, FL 33324

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**7664861370CC**

**Current Mailing Address:**

1248 PENNY LANE  
TALLAHASSEE, FL 32312 US

**FEI Number:** 88-2159663

**Certificate of Status Desired:** No

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

BEVIS, WILL DC  
1248 PENNY LANE  
TALLAHASSEE, FL 32312 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	Title	MGR
Name	BEVIS, WILL DC	Name	NUTTY, STEVE DC
Address	1248 PENNY LANE	Address	3320 BUFORD DRIVE, STE 60
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	BUFORD GA 30519

*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:** WILL BEVIS

**MANAGER**

**01/24/2024**

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

\_\_\_\_\_  
Date