

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000285385

**Entity Name:** CHIROTECH LLC

**Current Principal Place of Business:**

1866 MICHIGAN AVE NE  
ST. PETERSBURG, FL 93101

**Current Mailing Address:**

1866 MICHIGAN AVE NE  
ST. PETERSBURG, FL 93101 US

**FEI Number:** 36-5030500

**Certificate of Status Desired:** No

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

SILVER, JOSHUA  
1866 MICHIGAN AVE NE  
ST. PETERSBURG, FL 93101 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            AMBR  
Name            SILVER, JOSHUA  
Address        1866 MICHIGAN AVE NE  
City-State-Zip: ST. PETERSBURG FL 93101

*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:** JOSHUA SILVER

DR.

03/13/2023

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

\_\_\_\_\_ Date