

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000297970

Entity Name: DELRAY CHIROPRACTIC INJURY CLINIC LLC

Current Principal Place of Business:

2202 W ATLANTIC AVE.
DELRAY BEACH, FL 33445

Current Mailing Address:

5076 LAKE CATALINA DRIVE APT C
BOCA RATON, FL 33496 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOFER, MICHAEL
5076 LAKE CATALINA DRIVE APT C
BOCA RATON, FL 33496 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 SOFER, MICHAEL
Address 5076 LAKE CATALINA DRIVE APT C
City-State-Zip: BOCA RATON FL 33496

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: MICHAEL SOFER

PRES

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date