

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000346644

Entity Name: ALIGNED CHIROPRACTIC AND WELLNESS CENTER, LLC

Current Principal Place of Business:

1305 WEST MIDWAY ROAD
FORT PIERCE, FL 34982

Current Mailing Address:

1305 WEST MIDWAY ROAD
FORT PIERCE, FL 34982 US

FEI Number: 92-1678614

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SEDDIQUE, MARY
519 SW BAYSHORE BOULEVARD
PORT ST. LUCIE, FL 34983 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 SEDDIQUE, MARY
Address 519 SW BAYSHORE BOULEVARD
City-State-Zip: PORT ST. LUCIE FL 34983

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: MARY SEDDIQUE

MANAGER

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date