

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000126441

Entity Name: 100 CHIRO POTOCHNIK LLC

Current Principal Place of Business:

5919 BROKEN BOW LANE
PORT ORANGE, FL 32127

Current Mailing Address:

5919 BROKEN BOW LANE
PORT ORANGE, FL 32127 US

FEI Number: 92-3198679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POTOCHNIK, MATTHEW L
5919 BROKEN BOW LANE
PORT ORANGE, FL 32127 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 POTOCHNIK, MATTHEW L
Address 5919 BROKEN BOW LANE
City-State-Zip: PORT ORANGE FL 32127

Title AMBR
Name POTOCHNIK, ERIN A
Address 5919 BROKEN BOW LANE
City-State-Zip: PORT ORANGE FL 32127

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: MATTHEW L. POTOCHNIK

AMBR

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date