

**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