

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000160016

Entity Name: BEACHSIDE CHIROPRACTIC & WELLNESS, LLC

Current Principal Place of Business:

36468 EMERALD COAST PARKWAY
SUITE 11101
DESTIN, FL 32541

Current Mailing Address:

36468 EMERALD COAST PARKWAY
SUITE 11101
DESTIN, FL 32541

FEI Number: 92-3776098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINE, KATHRYN
36468 EMERALD COAST PARKWAY
SUITE 11101
DESTIN, FL 32541 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	Title	AMBR
Name	MARTINE, KATHRYN	Name	MARTINE, BRYAN
Address	36468 EMERALD COAST PARKWAY, SUITE 11101	Address	36468 EMERALD COAST PARKWAY, SUITE 11101
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	DESTIN FL 32541

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: MARTINE, KATHRYN

AMBR

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date