

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000536808

Entity Name: NEW JOURNEY CHIROPRACTOR AND WELLNESS LLC

Current Principal Place of Business:

1201 NE 26TH STREET
SUITE 106
WILTON MANORS, FL 33305

Current Mailing Address:

5372 NE 3RD AVENUE
OAKLAND PARK, FL 33334

FEI Number: 93-4670386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAGLE, JAMES W
12 SE 7TH STREET
704
FORT LAUDERDALE, FL 33301 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 MMBR
Name WIEST, THOMAS M
Address 5372 NE 3RD AVENUE
City-State-Zip: OAKLAND PARK FL 33334

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: THOMAS WIEST

OWNER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date