

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000006922

**Entity Name:** OSTEOPATHY ARW LLC

**Current Principal Place of Business:**

2343 VANDERBILT BEACH ROAD  
SUITE 618  
NAPLES, FL 34019

**Current Mailing Address:**

2343 VANDERBILT BEACH ROAD  
SUITE 618  
NAPLES, FL 34019 US

**FEI Number:** 37-1883209

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCMAHON, MACKENZIE  
9659 LIPARI CT  
NAPLES, FL 34113 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 MBR  
Name PEIXOTO, WESLEY  
Address 111 BLACK ROCK RD  
City-State-Zip: STAMFORD CT 34113

Title MBR  
Name GROSSMANN, ALLAN ROBERT  
Address 100 PINEFIELD LN  
City-State-Zip: WESTON FL

Title MBR  
Name MCMAHON, BRIAN  
Address 114 W BEACH DR  
City-State-Zip: MC MAHON ONTARIO 34113

*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:** ALLAN ROBERT GROSSMANN

MBR

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date