

**2023 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:** Yes

**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	Title	MBR
Name	PEIXOTO, WESLEY	Name	GROSSMANN, ALLAN ROBERT
Address	111 BLACK ROCK RD	Address	10 PINEFIELD LN
City-State-Zip:	STAMFORD CT 34113	City-State-Zip:	WESTON CT 06883
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**

**05/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date