

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060206

**Entity Name:** NIGHTLIGHT CHIROPRACTIC LLC

**Current Principal Place of Business:**

1802 KUHL AVENUE  
UNIT 102  
ORLANDO, FL 32806

**Current Mailing Address:**

1802 KUHL AVENUE  
UNIT 102  
ORLANDO, FL 32806 US

**FEI Number:** 27-2780786

**Certificate of Status Desired:** No

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

MERRILL, TERRI  
1802 KUHL AVENUE  
SUITE 102  
ORLANDO, FL 32806 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:** TERRI MERRILL

01/15/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MERRILL, ANDREW C  
Address 247 WEST VENTRIS AVENUE  
City-State-Zip: MAITLAND FL 32751

*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:** ANDREW MERRILL

MGR

01/15/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date