

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000211590

Entity Name: AMERICAN CHIROPRACTIC, LLC

Current Principal Place of Business:

4649 CLYDE MORRIS BLVD.
SUITE 609
PORT ORANGE, FL 32129

Current Mailing Address:

4649 CLYDE MORRIS BLVD.
SUITE 609
PORT ORANGE, FL 32129 US

FEI Number: 81-0876221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENNIGHAN, ELIZABETH J D. C.
1643 TOWN PARK DR
PORT ORANGE, FL 32129 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: ELIZABETH J. HENNIGHAN, D. C.

04/07/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name HENNIGHAN, ELIZABETH J
Address 1643 TOWN PARK DR
City-State-Zip: PORT ORANGE FL 32129

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: ELIZABETH J HENNIGHAN

PRES

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date