

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000110844

**Entity Name:** TREKKING CHIROPRACTIC, LLC

**Current Principal Place of Business:**

3250 TREETOP DRIVE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

3250 TREETOP DRIVE  
TITUSVILLE, FL 32780

**FEI Number: 82-1610201**

**Certificate of Status Desired: No**

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

OTTO, CASEY R  
3250 TREETOP DRIVE  
TITUSVILLE, FL 32780 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	MGR	Title	AP
Name	OTTO, CASEY R	Name	OTTO, AARON T
Address	3250 TREETOP DRIVE	Address	3250 TREETOP DRIVE
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32780

*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: CASEY R. OTTO**

**OWNER**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date