

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000246691

**Entity Name:** CHIRO JOINT, LLC

**Current Principal Place of Business:**

280 S STATE RD 434  
SUITE 1049  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

280 S STATE RD 434  
SUITE 1049  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KHAN, JUNAID MGRM  
280 S STATE RD 434  
SUITE 1049  
ALTAMONTE SPINGS, FL 32714 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 MGRM  
Name KHAN, JUNAID  
Address 280 S STATE RD 434 SUITE 1049  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AMBR  
Name KHAN, SARA  
Address 280 S STATE RD 434 SUITE 1049  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** JUNAID KHAN

MGRM

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date