

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000200038

**Entity Name:** PRECISION CHIROPRACTIC SERVICES PLLC

**Current Principal Place of Business:**

928 NORTH DIXIE HIGHWAY  
LAKE WORTH , FL 33460

**Current Mailing Address:**

100 VIA LUGANO CIRCLE  
SUITE 302  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 83-1691893

**Certificate of Status Desired:** Yes

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

FREINDLICH, BRIAN  
100 VIA LUGANO CIRCLE  
SUITE 302  
BOYNTON BEACH, FL 33436 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            AMBR  
Name            FREINDLICH, BRIAN  
Address        100 VIA LUGANO CIRCLE  
                  SUITE 302  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIEUBON CINEUS  
Name            10TH AVE CHIROPRACTORS LLC  
                  DIEUBON CIMEUS  
Address        928 NORTH DIXIE HIGHWAY  
City-State-Zip: LAKE WORTH FL 33460

*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:** BRIAN FREINDLICH

**OWNER**

**04/17/2024**

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

\_\_\_\_\_  
Date