

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000286991

**Entity Name:** BALANCED BODY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

544 STATE ROAD 559  
AUBURNDALE, FL 33823

**Current Mailing Address:**

544 STATE ROAD 559  
AUBURNDALE, FL 33823 US

**FEI Number: 83-2856461**

**Certificate of Status Desired:** No

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

MAHONEY, BRENDAN D  
544 STATE ROAD 559  
AUBURNDALE, FL 33823 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  
Name MAHONEY, BRENDAN D  
Address 544 STATE ROAD 559  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name MAHONEY, STEPHANIE R  
Address 544 STATE ROAD 559  
City-State-Zip: AUBURNDALE FL 33823

*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: BRENDAN MAHONEY**

**OWNER**

**01/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date