

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000036042

**Entity Name:** ARC OF CHIROPRACTIC HANDS LLC

**Current Principal Place of Business:**

1000 SW 128TH TERR  
305V  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1000 SW 128TH TERR  
305V  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 83-3725624

**Certificate of Status Desired:** No

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

RODRIGUEZ-CORREA, ALINA  
1000 SW 128 TH TERR  
305 V  
PEMBROKE PINES, FL 33027 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 RODRIGUEZ-CORREA, ALINA  
Address 1000 SW 128 TH TERR  
305 V  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** ALINA RODRIGUEZ-CORREA

AMBR

04/17/2023

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

\_\_\_\_\_  
Date