

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000201453

**Entity Name:** 100 PERCENT CHIROPRACTIC RONMARTIN, LLC

**Current Principal Place of Business:**

15989 PRESERVE MARKETPLACE BLVD.  
ODESSA, FL 33556

**Current Mailing Address:**

15989 PRESERVE MARKETPLACE BLVD.  
ODESSA, FL 33556 US

**FEI Number:** 84-3559456

**Certificate of Status Desired:** No

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

MARTIN, RON DC  
15989 PRESERVE MARKETPLACE BLVD.  
ODESSA, FL 33556 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 MARTIN, RON DC  
Address 15989 PRESERVE MARKETPLACE  
BLVD.  
City-State-Zip: ODESSA FL 33556

*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:** RON MARTIN DC

**MANAGER**

**05/01/2023**

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

\_\_\_\_\_ Date