

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000112009

**Entity Name:** GROWTH CHIROPRACTIC LLC

**Current Principal Place of Business:**

14011 BEACH BLVD  
STE 240  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

178 MUIRFIELD DRIVE  
PONTE VEDRA BEACH, FL 32082 UN

**FEI Number:** 85-1024299

**Certificate of Status Desired:** No

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

HORVATH, CHEVONNE  
178 MUIRFIELD DRIVE  
PONTE VEDRA BEACH, FL 32082 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 HORVATH, CHEVONNE  
Address 178 MUIRFIELD DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** CHEVONNE HORVATH

MGR

02/25/2025

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

\_\_\_\_\_  
Date