

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000360525

**Entity Name:** 100 CHIRO BOMEISL GILLISSE, LLC

**Current Principal Place of Business:**

911 E BLOOMINGDALE AVE  
BRANDON, FL 33511

**Current Mailing Address:**

911 E BLOOMINGDALE AVE  
BRANDON, FL 33511 US

**FEI Number:** 85-4110892

**Certificate of Status Desired:** No

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

GILLISSE, MARK  
2733 BUCKHORN OAKS DRIVE  
VALRICO, FL 33594 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	Title	AMBR
Name	BOMEISL, PHILIP	Name	GILLISSE, MARK
Address	12564 LILLYREED CT	Address	12564 FILLYREED CT
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655

*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:** MARK GILLISSE

AMBR/OWNER

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date