

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000386450

Entity Name: NU RIVER CHIROPRACTIC AND WELLNESS, LLC

Current Principal Place of Business:

734 N STATE RD 7
APT 2319
PLANTATION, FL 33317

Current Mailing Address:

511 SE 5TH AVE
2319
FORT LAUDERDALE, FL 33301 UN

FEI Number: 86-3226317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEEGERS, CHERRELYN M DR.
511 SE 5TH AVE
2319
FORT LAUDERDALE, FL 33301 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 SEEGERS, CHERRELYN M DR.
Address 511 SE 5TH AVE, 2319
City-State-Zip: FORT LAUDERDALE FL 33301

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: CHERRELYN M SEEGERS

OWNER

04/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date