2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2025
Secretary of State
6172542826CC

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Entity Name: AGILE CHIROPRACTIC, PLLC

Current Principal Place of Business:

657 AIRMONT AVENUE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

657 AIRMONT AVENUE
ALTAMONTE SPRINGS, FL 32714 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAREEN, ANJALI
657 AIRMONT AVENUE
ALTAMONTE SPRINGS, FL 32714 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: ANJALI SAREEN 03/20/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	AR
Name	NOWAKOWSKI, JONATHON R	Name	SAREEN, ANJALI S
Address	657 AIRMONT AVENUE	Address	657 AIRMONT AVENUE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS 32714

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: JONATHON NOWAKOWSKI MANAGER 03/20/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date