## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000194439

Entity Name: FAMILY CHIROPRACTIC PROPERTIES, LLC

**Current Principal Place of Business:** 

8403 BALM ST

SPRING HILL, FL 34607

**Current Mailing Address:** 

8403 BALM ST

SPRING HILL, FL 34607 US

FEI Number: 86-3756182 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAHMER, BRIAN 8403 BALM ST SPRING HILL, FL 34607 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

**FILED** Jan 28, 2025

**Secretary of State** 

8706120637CC

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

Name DAHMER, BRIAN Name DAHMER, MARIE Address 8403 BALM ST Address 8403 BALM ST

City-State-Zip: SPRING HILL FL 34607 City-State-Zip: SPRING HILL FL 34607

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.

01/28/2025 SIGNATURE: BRIAN DAHMER **MGRM**