

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000231369

Entity Name: APRILE CHIROPRACTIC & MOBILE CHIRO CARE LLC

Current Principal Place of Business:

7423 SE FIDDLEWOOD LN.
HOBE SOUND, FL 33455

Current Mailing Address:

7423 SE FIDDLEWOOD LN.
HOBE SOUND, FL 33455 US

FEI Number: 86-3994695

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLF ACCOUNTING & TAX SERVICES, INC.
759 SW FEDERAL HIGHWAY
SUITE 218A
STUART, FL 34994 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: TYLER J. WOLF

02/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name APRILE, ROBERT J
Address 7423 SE FIDDLEWOOD LN.
City-State-Zip: HOBE SOUND FL 33455

Title AMBR
Name APRILE, SHANNAN S
Address 7423 SE FIDDLEWOOD LN.
City-State-Zip: HOBE SOUND FL 33455

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: ROBERT J APRILE

AMBR

02/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date