

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000287650

**Entity Name:** NEW BEGINNINGS CHIROPRACTIC CONSULTING, LLC

**Current Principal Place of Business:**

16352 VIANSA WAY  
UNIT 202  
NAPLES, FL 34110

**Current Mailing Address:**

16352 VIANSA WAY  
UNIT 202  
NAPLES, FL 34110 US

**FEI Number:** 20-2033134

**Certificate of Status Desired:** No

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

BAKER, JON  
16352 VIANSA WAY  
UNIT 202  
NAPLES, FL, FL 34110 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  
Name            BAKER, JON  
Address        16352 VIANSA WAY, UNIT 202  
City-State-Zip: NAPLES FL 34110

Title            AR  
Name            OAKLEY, BRANTLEY  
Address        780 5TH AVE SOUTH, STE. 200  
City-State-Zip: NAPLES FL 34102

*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:** JON P BAKER

**PRESIDENT**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date