

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000309201

Entity Name: SKYPOINT CHIROPRACTIC, PLLC

Current Principal Place of Business:

1201 19TH PL
B101
VERO BEACH, FL 32960

Current Mailing Address:

1201 19TH PLACE
B101
VERO BEACH, FL 32960 US

FEI Number: 87-1555772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCIENSKI, ARDELL
1201 19TH PLACE
B101
VERO BEACH, FL 32960 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 SCIENSKI, ARDELL
Address 1201 19TH PLACE, B101
City-State-Zip: VERO BEACH FL 32960

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: ARDELL SCIENSKI

D.C.

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date