

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000309550

Entity Name: KIM THAI CHIROPRACTIC, LLC

Current Principal Place of Business:

5571 N UNIVERSITY DRIVE
SUITE 101
CORAL SPRING, FL 33067

Current Mailing Address:

PO BOX 835452
MIAMI, FL 33283-9998 US

FEI Number: 87-1562375

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TRAN, ANTHONY
6932 STIRLING ROAD
HOLLYWOOD, FL 33024 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 MANAGER
Name THAI, HOA KIM DR.
Address PO BOX 835452
City-State-Zip: MIAMI FL 33283-9998

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: HOA THAI

MANAGER

03/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date