

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000368550

**Entity Name:** ESCOBAR CHIROPRACTIC LLC

**Current Principal Place of Business:**

912 COLFOX AVE.  
WINTER PARK, FL 32789

**Current Mailing Address:**

912 COLFOX AVE.  
WINTER PARK, FL 32789 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARIN, ESPERANZA  
1709 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 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 ESCOBAR QUINTERO, JUAN G  
Address 3240 FAIRHAVEN AVE  
City-State-Zip: KISSIMMEE FL 34746

*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:** JUAN G. ESCOBAR QUINTERO

MGR

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date