

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000086258

**Entity Name:** 100 CHIRO RYAN FOUR, LLC

**Current Principal Place of Business:**

4279 SOUTH HIGHWAY 27  
SUITE J  
CLERMONT, FL 34711

**Current Mailing Address:**

4279 SOUTH HIGHWAY 27  
SUITE J  
CLERMONT, FL 34711 US

**FEI Number:** 88-1405750

**Certificate of Status Desired:** No

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

RYAN, BREANNA D.C.  
4279 SOUTH HIGHWAY 27  
SUITE J  
CLERMONT, FL 34711 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 RYAN, BREANNA  
Address 6049 BARNES RD  
City-State-Zip: COLORADO SPRINGS CO 80922

Title MGR  
Name RYAN, SETH  
Address 6049 BARNES RD  
City-State-Zip: COLORADO SPRINGS CO 80922

*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:** BREANNA RYAN DC

**MANAGER**

**05/01/2023**

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

\_\_\_\_\_  
Date