

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000267298

**Entity Name:** ATLANTIC WAY CHIROPRACTIC LLC

**Current Principal Place of Business:**

20 E MELBOURNE AVE  
SUITE 103A  
MELBOURNE, FL 32901

**Current Mailing Address:**

20 E MELBOURNE AVE  
SUITE 103A  
MELBOURNE, FL 32901 US

**FEI Number:** 88-2656143

**Certificate of Status Desired:** No

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

RYAN, LESLIE M  
717 BONNIE CIR  
MELBOURNE, FL 32901 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	AR	Title	AR
Name	RYAN, LESLIE M	Name	RODRIGUEZ, ALBERTO J
Address	717 BONNIE CIR	Address	717 BONNIE CIR
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901

*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:** ALBERTO RODRIGUEZ

**CO-OWNER AND  
DOCTOR**

**01/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date