

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000431418

Entity Name: A 1 A VERO CHIROPRACTIC, LLC

Current Principal Place of Business:

819 BEACHLAND BLVD
VERO BEACH, FL 32963

Current Mailing Address:

819 BEACHLAND BLVD
VERO BEACH, FL 32963 US

FEI Number: 88-4227725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRIS, CHARLES E
819 BEACHLAND BLVD
VERO BEACH, FL 32963 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 DR. SUSAN FRIES GARRIS
Address 819 BEACHLAND BLVD
City-State-Zip: VERO BEACH FL 32963

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: SUSAN FRIES GARRIS

MANAGER

04/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date