

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000444537

**Entity Name:** SPINE SOLDIER CHIROPRACTIC CLINICS, PLLC

**Current Principal Place of Business:**

190 VINING CT  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

5 PINE LOOK PASS  
ORMOND BEACH, FL 32174 US

**FEI Number:** 92-0890405

**Certificate of Status Desired:** Yes

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

OYOLA, LUIS  
5 PINE LOOK PASS  
ORMOND BEACH, FL 32174 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 AMBR  
Name OYOLA, LUIS  
Address 5 PINE LOOK PASS  
City-State-Zip: ORMOND BEACH FL 32174

*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: DR. LUIS OYOLA**

**PRESIDENT**

**04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date