

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000506397

**Entity Name:** CORNERSTONE CHIROPRACTIC AND WELLNESS, LLC

**Current Principal Place of Business:**

1414 W. GRANADA BLVD  
SUITE 2  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1414 W. GRANADA BLVD  
SUITE 2  
ORMOND BEACH, FL 32174 US

**FEI Number:** 92-1200379

**Certificate of Status Desired:** No

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

BALL, AMBER-VETA  
136 TARRACINA WAY  
DAYTONA BEACH, FL 32117 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 BALL, AMBER-VETA  
Address 136 TARRACINA WAY  
City-State-Zip: DAYTONA BEACH FL 32117

*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:** AMBER-VETA BALL

MGR

04/28/2023

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

\_\_\_\_\_  
Date