

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000182215

**Entity Name:** 100 CHIRO SCHAEFER PLLC

**Current Principal Place of Business:**

6844 22ND AVENUE NORTH  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

6844 22ND AVENUE NORTH  
SAINT PETERSBURG, FL 33710 US

**FEI Number:** 92-3707869

**Certificate of Status Desired:** No

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

SCHAEFER, ROBERT DC  
6844 22ND AVENUE NORTH  
SAINT PETERSBURG, FL 33710 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 SCHAEFER, ROBERT DC  
Address 6844 22ND AVENUE NORTH  
City-State-Zip: SAINT PETERSBURG FL 33710

*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:** ROBERT SCHAEFER

MANAGER

03/10/2024

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

\_\_\_\_\_  
Date