

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000465234

Entity Name: PRO-WELLNESS CHIROPRACTIC, LLC

Current Principal Place of Business:

17455 NW 94TH COURT
APT 230
HIALEAH, FL 33018

Current Mailing Address:

17455 NW 94TH COURT
APT 230
HIALEAH, FL 33018 US

FEI Number: 93-3809146

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, VICTOR L
17455 NW 94TH COURT
APT 230
HIALEAH, FL 33018 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 FERNANDEZ, VICTOR L
Address 17455 NW 94TH COURT #230
City-State-Zip: HIALEAH FL 33018

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: VICTOR L FERNANDEZ

MGR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date