## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000510599

Entity Name: 100 CHIRO ROSADO PT ORANGE PLLC

**Current Principal Place of Business:** 

5517 S WILLIAMSON BLVD STE 305 PORT ORANGE, FL 32127

**Current Mailing Address:** 

9906 W LINEBAUGH AVE TAMPA, FL 33626 US

FEI Number: 93-4407980 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSADO, PEDRO DC 9906 W LINEBAUGH AVE TAMPA, FL 33626 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

FILED Feb 07, 2024

**Secretary of State** 

3088223266CC

Authorized Person(s) Detail:

Title MGR Title AUTHORIZED REPRESENTATIVE

Name ROSADO. PEDRO DC Name POTOCHNIK. MATTHEW LAWRENCE

Address 5517 S WILLIAMSON BLVD STE 305 Address 5919 BROKEN BOW LANE
City-State-Zip: PORT ORANGE FL 32127 City-State-Zip: PORT ORANGE FL 32127

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: MATTHEW L. POTOCHNIK

AUTHORIZED REPRESENTATIVE 02/07/2024