

**2025 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 32128

**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

**Authorized Person(s) Detail :**

Title MGR  
Name ROSADO, PEDRO DC  
Address 5517 S WILLIAMSON BLVD STE 305  
City-State-Zip: PORT ORANGE FL 32128

Title AUTHORIZED REPRESENTATIVE  
Name POTOCHNIK, MATTHEW LAWRENCE  
Address 5919 BROKEN BOW LANE  
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 POTOCHNIK

**AUTHORIZED  
REPRESENTATIVE**

**03/12/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date