

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

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

Electronic Signature of Signing Authorized Person(s) Detail

Date