

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000315689

**Entity Name:** TULA MOBILE CHIROPRACTIC LLC

**Current Principal Place of Business:**

5036 SW 91ST TERRACE  
COOPER CITY, FL 33328

**Current Mailing Address:**

5036 SW 91ST TERRACE  
COOPER CITY, FL 33328

**FEI Number:** 99-4048588

**Certificate of Status Desired:** No

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

GOMEZ, NANCY  
5036 SW 91ST TERRACE  
COOPER CITY, FL 33328 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 GOMEZ, NANCY  
Address 5036 SW 91ST TERRACE  
City-State-Zip: COOPER CITY FL 33328

*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:** NANCY GOMEZ

**OWNER**

**02/17/2025**

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

\_\_\_\_\_  
Date