

2026 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/CHIROPRACTOR 04/13/2026

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date