

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000006739

**Entity Name:** EMBRACE CHIROPRACTIC, LLC

**Current Principal Place of Business:**

1006 VIRGINIA AVENUE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

1006 VIRGINIA AVENUE  
FORT PIERCE, FL 34982 US

**FEI Number: 84-2491943**

**Certificate of Status Desired: No**

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 MEM  
Name DONER, RAYMOND  
Address 1006 VIRGINIA AVENUE  
City-State-Zip: FORT PIERCE FL 34982

*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: RAYMOND WALTER DONER**

**OWNER**

**04/29/2022**

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

\_\_\_\_\_ Date