

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000442138

Entity Name: CHIRO EQUIP, LLC

Current Principal Place of Business:

8983 39TH STREET CIRCLE EAST
PARRISH, FL 34219

Current Mailing Address:

8983 39TH STREET CIRCLE EAST
PARRISH, FL 34219 US

FEI Number: 87-4682622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMIKOFF, DAVID
8983 39TH STREET CIRCLE EAST
PARRISH, FL 34219 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 AMBR
Name HOLD ON TO THIS, LLC
Address 200 W. 34TH AVE. #977
City-State-Zip: ANCHORAGE AK 99503

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: DAVID ZAMIKOFF

AMBR

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date