

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000500446

**Entity Name:** CHIRO DREAM TEAM LLC

**Current Principal Place of Business:**

3725 SALLY LANE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

3725 SALLY LANE  
TALLAHASSEE, FL 32312 US

**FEI Number:** 87-3774034

**Certificate of Status Desired:** No

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

BEVIS, WILLIAM  
3725 SALLY LANE  
TALLAHASSEE, FL 32312 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:** WILLIAM BEVIS

09/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BEVIS, WILLIAM  
Address 3725 SALLY LANE  
City-State-Zip: TALLAHASSEE FL 32312

Title AMBR  
Name NUTTY, STEVE  
Address 882 COLONY CREEK DRIVE  
City-State-Zip: LAWRENCEVILLE GA 30043

*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:** WILLIAM BEVIS

MEMBER

09/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date