

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110769

Entity Name: MIA ACUPUNCTURE, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18650 NE 28TH CT.  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

1100 EAST HALLANDALE BCH BLVD  
HALLANDALE, FL 33009 US

**Current Mailing Address:**

9801 COLLINS AVENUE  
APT. 14I  
BAL HARBOUR, FL 33154 US

**New Mailing Address:**

FEI Number: 27-3760029      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KASSIN, DANIELLE R  
9801 COLLINS AVENUE  
APT. 14I  
BAL HARBOUR, FL 33154 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KASSIN, DANIELLE R  
Address: 9801 COLLINS AVENUE APT. 14I  
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: MGR  
Name: STRAUSS, JONATHAN M  
Address: 9801 COLLINS AVENUE APT. 14I  
City-St-Zip: BAL HARBOUR, FL 33154 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DANIELLE KASSIN      MGR      04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date