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: XIANHUI LI 02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

8353 SW 124 ST 108 MIAMI, FL 33156

Current Principal Place of Business:

DOCUMENT# L1000002922

Current Mailing Address:

9735 SW 144 ST MIAMI, FL 33176 US

FEI Number: 27-2607616

Name and Address of Current Registered Agent:

Entity Name: SERENE LIFE ACUPUNCTURE, LLC

LI, XIANHUI DR. 9735 SW 144 ST MIAMI, FL 33176 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

Authorized Person(s) Detail :

MGRM	Title	MGRM
LI, XIANHUI DR.	Name	WU, FAYI DR.
9735 SW 144 ST	Address	9735 SW 144 ST
MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
	MGRM LI, XIANHUI DR. 9735 SW 144 ST	LI, XIANHUI DR. Name 9735 SW 144 ST Address

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2019 Secretary of State 4247263117CC

Certificate of Status Desired: No

Date

Date