

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110769

**Entity Name:** MIA ACUPUNCTURE, LLC

**Current Principal Place of Business:**

1110 EAST HALLANDALE BCH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

725 92ND STREET  
SURFSIDE, FL 33154 US

**FEI Number:** 27-3760029

**Certificate of Status Desired:** No

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

KASSIN, DANIELLE R  
725 92ND STEET  
SURFSIDE, FL 33154 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 MGR  
Name KASSIN, DANIELLE R  
Address 9801 COLLINS AVENUE APT. 14I  
City-State-Zip: BAL HARBOUR FL 33154

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

*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:** DANIELLE KASSIN

**ACUPUNCTURIST**

**02/23/2016**

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

\_\_\_\_\_  
Date