

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117540

**Entity Name:** YIN ACUPUNCTURE & INTEGRATIVE HEALING CENTER, LLC

**Current Principal Place of Business:**

1900 N. MILLS AVE., STE 101A  
ORLANDO, FL 32803

**Current Mailing Address:**

1900 N. MILLS AVE., STE 101A  
ORLANDO, FL 32803 US

**FEI Number:** 27-3943015

**Certificate of Status Desired:** No

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

YIN, CHENGCHAO  
2092 SHAW LN  
ORLANDO, FL 32814 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 MGRM  
Name YIN, CHENGCHAO  
Address 2092 SHAW LN  
City-State-Zip: ORLANDO FL 32814

*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:** CHENGCHAO YIN

**MANAGER**

**01/09/2014**

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

\_\_\_\_\_  
Date