I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am a managing member or manager of the limited liability company or the receiver or tru		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE [,] SYI VIA ROSARIO	MGRM	05/14/2024

SIGNATURE: SYLVIA ROSARIO

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent: NUNEZ, SYLVIA I

818 PARK LAKE PL MAITLAND, FL 32751 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: SYLVIA I NUNEZ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	
Name	ROSARIO, SYLVIA I	
Address	818 PARK LAKE PL	
City-State-Zip:	MAITLAND FL 32751	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000023643

Entity Name: ACUPUNCTURE INTEGRATIVE WELLNESS CENTER, LLC

Current Principal Place of Business:

227 N JOHN YOUNG PKWY SUITE A KISSIMMEE, FL 34741

Current Mailing Address:

818 PARK LAKE PLACE MAITLAND . FL 32751 US

FEI Number: 27-5153483

Certificate of Status Desired: No

05/14/2024

Date

Date

FILED May 14, 2024 Secretary of State 3628683588CC