

**2019 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:**

P.O. BOX 5056  
WINTER PARK, FL 32793 US

**FEI Number:** 27-5153483

**Certificate of Status Desired:** No

**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

04/29/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	AUTHORIZED MEMBER
Name	ROSARIO, SYLVIA I	Name	NUNEZ, SYLVIA I
Address	818 PARK LAKE PL	Address	P.O. BOX 5056
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	WINTER PARK FL 32793

Title	AUTHORIZED MEMBER
Name	LYNN, MARJORIE
Address	P.O. BOX 5056
City-State-Zip:	WINTER PARK FL 32793

*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:** SYLVIA I ROSARIO

MGR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date