

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000046399

Entity Name: COMPLEMENTARY AND ALTERNATIVE MEDICINE, LLC

Current Principal Place of Business:

1831 SW 25TH AVE
MIAMI, FL 33145

Current Mailing Address:

1831 SW 25TH AVE
MIAMI, FL 33145

FEI Number: 45-2046131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAMEZ, EURYS D
1831 SW 25TH AVE
MIAMI, FL 33145 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: EURYS D GAMEZ

04/07/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GAMEZ, EURYS	Name	GAMEZ, GLORIA
Address	1831 SW 25TH AVE	Address	1831 SW 25TH AVE
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

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: GLORIA GAMEZ

MANAGER

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date