

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105434

**Entity Name:** BEZERRA DE MENEZES ACUPUNCTURE CLINIC LLC

**Current Principal Place of Business:**

12550 BISCAYNE BLVD  
SUITE 507  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12550 BISCAYNE BLVD  
SUITE 507  
NORTH MIAMI, FL 33181 US

**FEI Number:** 45-3250746

**Certificate of Status Desired:** No

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

NUNES, ARILTON F  
12550 BISCAYNE BLVD  
507  
NORTH MIAMI, FL 33181 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 OWNER  
Name NUNES, ARILTON F  
Address 12550 BISCAYNE BLVD  
SUITE 507  
City-State-Zip: NORTH MIAMI FL 33181

Title MANAGER  
Name NUNES, ADRIANO  
Address 1624 SW 5TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** ADRIANO NUNES

OWNER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date