

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000156051

**Entity Name:** WARM SEA ACUPUNCTURE LLC

**Current Principal Place of Business:**

531 MAIN STREET. SUITE D  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

531 MAIN STREET. SUITE D  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 46-3924344

**Certificate of Status Desired:** No

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

REGISTERED AGENTS, INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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 MYERS, JANE A  
Address 385 DR. ML KING JR ST N  
City-State-Zip: SAFETY HARBOR FL 34695

Title MGRM  
Name LEVITSKY, JOHN D  
Address 385 DR ML KING JR ST N  
City-State-Zip: SAFETY HARBOR FL 34695

*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:** JOHN LEVITSKY

**MNGR**

**03/12/2020**

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

\_\_\_\_\_  
Date