

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000017315

Entity Name: PANDI ACUPUNCTURE & MASSAGE, LLC

Current Principal Place of Business:

115 NORTH STEWARD AVENUE
STE 1
KISSIMMEE,, FL 34741

Current Mailing Address:

3510 SAXONY LANE
SAINT CLOUD, FL 34772

FEI Number: 27-2372712

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTINEZ, PABLO MR.
3510 SAXONY LANE
SAINT CLOUD, FL 34772 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	PRESIDENT	Title	MANAGER, VP
Name	MARTINEZ, IVETTE M DOM/LAP	Name	MARTINEZ, PABLO LMT
Address	3510 SAXONY LANE	Address	3510 SAXONY LANE
City-State-Zip:	SAINT CLOUD FL 34772	City-State-Zip:	SAINT CLOUD FL 34772

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: IVETTE M. MARTINEZ

PRESIDENT

09/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date