

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000116966

Entity Name: GAINESVILLE ACUPUNCTURE LLC

Current Principal Place of Business:

4703 NW 53RD AVE
B2
GAINESVILLE, FL 32653

Current Mailing Address:

3502 NW 37TH AVE MAILBOX D10
GAINESVILLE, FL 32605 US

FEI Number: 47-1471483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORRAS TOLEDO, ALVARO
3502 NW 37TH AVE
GAINESVILLE, FL 32605 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 MGR
Name PORRAS TOLEDO, ALVARO
Address 3502 NW 37TH AVE
City-State-Zip: GAINESVILLE FL 32605

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: ALVARO PORRAS TOLEDO

MR

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date