

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000055217

**Entity Name:** POINT SEVEN SEAS ACUPUNCTURE WELLNESS CENTER, LLC

**Current Principal Place of Business:**

5230 STANFORD GABLE PLACE  
JAACKSONVILLE, FL 32257

**Current Mailing Address:**

5230 STANFORD GABLE PLACE  
JAACKSONVILLE, FL 32257 US

**FEI Number:** 47-3618344

**Certificate of Status Desired:** Yes

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

ROSARIO, MARIA  
5230 STANFORD GABLE PLACE  
JAACKSONVILLE, FL 32257 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  
Name            ROSARIO, MARIA  
Address        5230 STANFORD GABLE PLACE  
City-State-Zip: JAACKSONVILLE FL 32257

*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:** MARIA D ROSARIO

**PRESIDENT**

**04/29/2021**

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

\_\_\_\_\_ Date