

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000065664

**Entity Name:** PHOENIX RISES ACUPUNCTURE, LLC

**Current Principal Place of Business:**

150 KENT RD SUITE 2-A  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

150 KENT RD SUITE 2-A  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 81-2176397

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
150 KENT RD SUITE 2-A  
ST. AUGUSTINE, FL 32086 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 OTHER  
Name SMITH, GORDANA  
Address 150 KENT RD SUITE 2-A  
City-State-Zip: ST. AUGUSTINE FL 32086

*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:** GORDANA SMITH

**OWNER**

**02/21/2019**

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

\_\_\_\_\_  
Date