

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90038 008 ****55.00

DOCUMENT # L01000020285

1. Entity Name

COUDRAY ACUPUNCTURE LLC



Principal Place of Business

628 EAST COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address

746 SENECA MEADOW RD
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

2252 CHANTILLY TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO FL

4. FEI Number

03-0378661

Applied For
Not Applicable

Zip

Country

Zip

32765

Country

SEMINOLE

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME COUDRAY, CATHERINE AP
STREET ADDRESS 746 SENECA MEADOW RD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE
NAME
STREET ADDRESS 2252 CHANTILLY TER.
CITY-ST-ZIP OVIEDO FL 32765

TITLE MGR
NAME COUDRAY, LAURENT
STREET ADDRESS 746 SENECA MEADOW RD
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE
NAME
STREET ADDRESS 2252 CHANTILLY TER.
CITY-ST-ZIP OVIEDO FL 32765

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Catherine R Coudray

04/22/06 321-3035240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #