

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020285

FILED
Feb 04, 2009
Secretary of State

Entity Name: COUDRAY ACUPUNCTURE LLC

Current Principal Place of Business:

2252 CHANTILLY TERRACE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

2252 CHANTILLY TERRACE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: COUDRAY, CATHERINE AP
Address: 2252 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: COUDRAY, CATHERINE
Address: 2252 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: COUDRAY, LAURENT
Address: 2252 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CATHERINE COUDRAY

MGRM

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date