

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L04000019845

1. Entity Name
**BONITA SPRINGS ACUPUNCTURE AND ANTI-AGING
CLINIC LLC**



Principal Place of Business
**16517 VANDERBILT DRIVE, STE. #2
BONITA SPRINGS, FL 34134**

Mailing Address
**16517 VANDERBILT DR., SUITE #2
BONITA SPRINGS, FL 34134**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE.

4. FEI Number
42-1622741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOFER, GREGORY
16517 VANDERBILT DR.
#2
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFER, GREGORY 16517 VANDERBILT DR. #2 BONITA SPRINGS, FL 34134
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01/28/08-80035-023 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

Date

Daytime Phone #

1/18/08