

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90426 009 ****50.00

DOCUMENT # L04000025425					
1. Entity Name ACUPUNCTURE AND HOLISTIC MEDICINE CENTER, LLC					
Principal Place of Business 2215 S. UNIVERSITY DR. DAVIE, FL 33324			Mailing Address 2215 S. UNIVERSITY DR. DAVIE, FL 33324		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-0845493				Applied For Not Applicable	
5. Certificate of Status Desired ☐				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARKEY, ED 2215 S. UNIVERSITY DR. DAVIE, FL 33324				7. Name and Address of New Registered Agent	
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 fee if applicable (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARKEY, ED 2215 S. UNIVERSITY DR. DAVIE, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(c), 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 605, Florida Statutes.					
SIGNATURE: <i>Ed Sharkey</i>			3/28/05 954-473-8925		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone		

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