

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076779

FILED
Feb 09, 2011
Secretary of State

Entity Name: TRADITIONAL ACUPUNCTURE CENTER, L.L.C.

Current Principal Place of Business:

1216 NW 9TH AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1216 NW 9TH AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-1817510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, THOMAS A
623 NORTH MAIN STREET
GAINESVILLE, FL 32601 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: MGR
Name: BOLE, DAVID N
Address: 1216 NW 9TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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: DAVID N. BOLE

MGR

02/09/2011

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