

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

#

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90175 014 ****50.00

DOCUMENT # L05000016931

1. Entity Name

SHIN HYEONJU ACUPUNCTURE CLINIC LLC



Principal Place of Business

999 W. S.R. 434
LONGWOOD FL 32750

Mailing Address

120 FIG TREE RUN
LONGWOOD FL 32750

2. Principal Place of Business

999 W. S.R. 434

Suite, Apt. #, etc.

3. Mailing Address

120 Fig tree run

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32750

Country

U.S.A

Zip

32750

Country

U.S.A

4. FEI Number

76-0792587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYEONJU, SHIN
120 FIG TREE RUN 1
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name HYEONJU Shin

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

120 Fig tree run

City

Longwood

FL

Zip Code

32750

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

Hyonju Shin

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

(NOTE: Registered Agent signature required when reinstating)

1/25/06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SHIN, HYEONJU J
STREET ADDRESS 999 W. S.R. 434
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Hyonju Shin

1/25/06 407-698-6242