2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# L06000048910

Entity Name: AESTHETIC ACUPUNCTURE CLINIC, LLC

Current Principal Place of Business:

5419 STIRRUP WAY
ORLANDO, FL 32810 US

New Principal Place of Business:

7758 WALLACE ROAD
X
ORLANDO, FL 32819 US

Current Mailing Address:

5419 STIRRUP WAY
ORLANDO, FL 32810 US

New Mailing Address:

7758 WALLACE ROAD
X
ORLANDO, FL 32819 US

FEI Number: 20-4862659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'SHAUGHNESSY, MICHELLE
5419 STIRRUP WAY
ORLANDO, FL 32810 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 ( ) Delete
Name: O'SHAUGHNESSY, MICHELLE
Address: 5419 STIRRUP WAY
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: O'SHAUGHNESSY, MICHELLE
Address: 7758 WALLACE ROAD #X
City-St-Zip: ORLANDO, FL 32819 US

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: MICHELLE O'SHAUGHNESSY MGR 03/06/2008

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