

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000108671

1. Entity Name
SAI ACUPUNCTURE AND HERBAL CLINIC, LLC.



Principal Place of Business
871 VINELAND RD
STE B
WINTER GARDEN, FL 34787 US

Mailing Address
871 VINELAND RD
STE B
WINTER GARDEN, FL 34787 US



02022008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-5850937

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATH, RAGU P
871 VINELAND RD
STE B
WINTER GARDEN, FL 34787

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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	MGRM
NAME	NATH, RAGU P
STREET ADDRESS	871 VINELAND RD SUITE B
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGR
NAME	RAGHUNATH, USHA
STREET ADDRESS	225 SOUTHERN PECAN CIR UNIT 108
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X P. Raghunath

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

Date

Daytime Phone #