

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000089312

1. Entity Name  
G ACUPUNCTURE, L.L.C.



FILED  
08 DEC 22 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
13205 US HWY 1  
SUITE 525  
JUNO BEACH, FL 33408 US

Mailing Address  
13205 US HWY 1  
SUITE 525  
JUNO BEACH, FL 33408 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12102008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
26-0867701

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLITON, GINA R  
13205 US HWY 1  
SUITE 525  
JUNO BEACH, FL 33408

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BLITON, GINA R  
STREET ADDRESS 13205 US HWY 1 #525  
CITY-ST-ZIP JUNO BEACH, FL 33408 ☐ Delete

TITLE MMR  
NAME BLITON, GINA R  
STREET ADDRESS 13205 US HWY 1 #525  
CITY-ST-ZIP JUNO BEACH, FL 33408 ☒ Change ☐ Addition

TITLE MGR  
NAME COOK, JIHAN K  
STREET ADDRESS 13205 US HWY 1 #525  
CITY-ST-ZIP JUNO BEACH, FL 33408 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

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

Date

Daytime Phone #

12/10/08 (561) 6934460