

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089915

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** PARK AVENUE ACUPUNCTURE, LLC

**Current Principal Place of Business:**

228 N. PARK AVE.  
SUITE E  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 570202  
ORLANDO, FL 32857

**New Mailing Address:**

**FEI Number:** 26-1154721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GFRORER, MONICA W  
5411 LA COSTA DRIVE  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

GFRORER, MONICA W DOM  
5411 LA COSTA DRIVE  
ORLANDO, FL 32807 US

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: MONICA GFRORER, DOM

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GFRORER, MONICA W DOM  
Address: P.O. BOX 570202  
City-St-Zip: ORLANDO, FL 32857 US

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: MONICA GFRORER

MGR.

04/06/2011

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