

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122080

FILED
May 12, 2009
Secretary of State

Entity Name: WESTCOAST ACUPUNCTURE AND NATURAL MEDICINE LLC

Current Principal Place of Business:

4852 BONTON DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

4852 BONTON DRIVE
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMOS, RODRIGO M
4852 BONTON DRIVE
HOLIDAY, FL 34690 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: RAMOS, RODRIGO M
Address: 4852 BONTON DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: MGR () Delete
Name: RAMOS, KRISTINA M
Address: 4852 BONTON DRIVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RODRIGO RAMOS

MR

05/12/2009

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