

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021461

FILED
Jul 01, 2009
Secretary of State

Entity Name: ACUPUNCTURE WELLNESS SOLUTIONS, LLC

Current Principal Place of Business:

11 EDGEWOOD DRIVE
MELBOURNE, FL 32901

New Principal Place of Business:

316 COVERED BRIDGE DRIVE
OCOEE, FL 34761

3004 LAKE MARGARET DRIVE
ORLANDO, FL 32806

FEI Number: 68-0673922 FEI Number Applied For () FEI Number Not Applicable () 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:

CROSKEYS, CHELSEY E A.P.
316 COVERED BRIDGE DRIVE
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

CROSKEYS, CHELSEY E A.P.
3004 LAKE MARGARET DRIVE
ORLANDO, FL 32806 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: CHELSEY ELISE CROSKEYS

07/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. () Change (X) Addition
Name: CROSKEYS, CHELSEY, E
Address: 3004 LAKE MARGARET DRIVE
City-St-Zip: ORLANDO, FL 32806

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: CHELSEY ELISE CROSKEYS

MS

07/01/2009

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