

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035238

FILED
Mar 06, 2009
Secretary of State

Entity Name: FLORIDA ACUPUNCTURE SOLUTIONS LLC

Current Principal Place of Business:

2815 W. VIRGINIA AVE. SUITE B
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2815 W. VIRGINIA AVE. SUITE B
TAMPA, FL 33607

New Mailing Address:

FEI Number: 33-1211826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAO, LEYUN
2815 W. VIRGINIA AVE. SUITE B
TAMPA, FL 33607 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: SHAO, LEYUN
Address: 2815 W. VIRGINIA AVE. SUITE B
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: WAN, NIANSONG
Address: 2815 W. VIRGINIA AVE. SUITE B
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SHAO, LEYUN
Address: 2815 W. VIRGINIA AVE. SUITE B
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Change () Addition
Name: WAN, NIANSONG
Address: 2815 W. VIRGINIA AVE. SUITE B
City-St-Zip: TAMPA, FL 33607

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: LEYUN SHAO

P

03/06/2009

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