

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054356

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** AN ADVANCED ALTERNATIVE ACUPUNCTURE AND HOLISTIC SPA LLC

**Current Principal Place of Business:**

1598 SOUTH COUNTY 393  
SUNSET PROMENADE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

145 ASH STREET  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

1598 SOUTH COUNTY 393  
103  
SANTA ROSA BEACH, FL 32459

FEI Number: 27-0309621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JORGE, MICHELE A  
145 ASH STREET  
SANTA ROSA BEACH, FL 32459 US

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

JORGE, MICHELE A  
1598 CO. HWY. 393S  
103  
SANTA ROSA BEACH, FL 32459 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: MAJ

01/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JORGE, MICHELE A  
Address: 1598 CO. HWY. 393 S  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MAJ

MGR

01/08/2010

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