

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065058

Entity Name: ACU CARE CENTER, LLC

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8603 S. DIXIE HWY  
SUITE 208  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8603 S. DIXIE HWY  
SUITE 208  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 27-0503090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LI, TIEJUN  
6709 N. KENDALL DRIVE  
APT 223  
MIAMI, FL 33156 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  
Name: LI, TIEJUN  
Address: 6709 N. KENDALL DRIVE APT 223  
City-St-Zip: MIAMI, FL 33156

Title: MGR  
Name: CHEN, FURUI  
Address: 6709 N. KENDALL DRIVE APT 223  
City-St-Zip: MIAMI, FL 33156

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: TIEJUN LI

MGR

01/24/2012

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