

L110000001995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

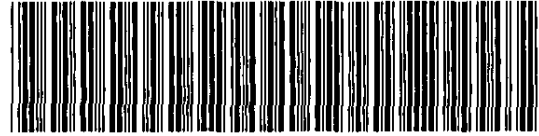
(Business Entity Name)

(Document Number)

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Rivera, Maribel

From: acupuncture [allsymptomsacupuncture@gmail.com]
Sent: Thursday, June 16, 2011 2:21 PM
To: CorpAddressChange
Subject: address change request, Document Number L11000001995

Hello,

I am writing to change my business address to 35 South Beneva Rd. Sarasota, Fl. Below is my company information as of now. I would like to change both the principal and mailing address please.

Thank you

Florida Limited Liability Company

ALL SYMPTOMS ACUPUNCTURE LLC

Filing Information

Document Number L11000001995

FEI/EIN Number NONE

Date Filed 01/05/2011

State FL

Status ACTIVE

Principal Address

6146 TURNBURY PARK DR
APT 4304
SARASOTA FL 34243

Mailing Address

6146 TURNBURY PARK DR
APT 4304
SARASOTA FL 34243

Registered Agent Name & Address

MASSEY, ALYCIA
6146 TURNBURY PARK DR
APT 4304
SARSOTA FL 34243 US

GSH