

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016568

**FILED**  
**Sep 21, 2012**  
**Secretary of State**

**Entity Name:** GALLANT ACUPUNCTURE & WELLNESS, LLC

**Current Principal Place of Business:**

306 OAK LANE PASS  
OCALA, FL 34472

**New Principal Place of Business:**

2340 NE 2ND STREET  
200  
OCALA, FL 34470 US

**Current Mailing Address:**

306 OAK LANE PASS  
OCALA, FL 34472

**New Mailing Address:**

**FEI Number:** 27-4837374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALLANT, NEWTON  
306 OAK LANE PASS  
OCALA, FL 34472 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: MGRM  
Name: GALLANT, NEWTON  
Address: 306 OAK LANE PASS  
City-St-Zip: Ocala, FL 34472

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: NEWTON GALLANT

MGRM

09/21/2012

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