## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051133

Entity Name: THE CENTER FOR ACUPUNCTURE AND ALTERNATIVE

MEDICINE LLC

### **Current Principal Place of Business:**

5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983

# **Current Mailing Address:**

5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983 US

FEI Number: 06-1779094 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

ALLISON, HARRY C 5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983 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: HARRY ALLISON 02/12/2024

> Electronic Signature of Registered Agent Date

### Authorized Person(s) Detail:

Title

Name ALLISON, HARRY C

Address 5725 NW PINE TRAIL CIRCLE City-State-Zip: PORT SAINT LUCIE FL 34983

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**MANAGER** SIGNATURE: HARRY ALLISON

Electronic Signature of Signing Authorized Person(s) Detail

02/12/2024 Date

**FILED** Feb 12, 2024

**Secretary of State** 

7066932578CC