

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110769

**Entity Name:** MIA ACUPUNCTURE, LLC

**Current Principal Place of Business:**

1100 EAST HALLANDALE BCH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

9801 COLLINS AVENUE  
APT. 14I  
BAL HARBOUR, FL 33154 US

**FEI Number:** 27-3760029

**Certificate of Status Desired:** No

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

KASSIN, DANIELLE R  
9801 COLLINS AVENUE  
APT. 14I  
BAL HARBOUR, FL 33154 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	KASSIN, DANIELLE R	Name	STRAUSS, JONATHAN M
Address	9801 COLLINS AVENUE APT. 14I	Address	9801 COLLINS AVENUE APT. 14I
City-State-Zip:	BAL HARBOUR FL 33154	City-State-Zip:	BAL HARBOUR FL 33154

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIELLE KASSIN

MRS.

01/27/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date