

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026941

**Entity Name:** ACU HEALING PLUS, LLC

**Current Principal Place of Business:**

2695 S. LE JEUNE ROAD  
STE. 202  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4250 SW 58 AVENUE  
MIAMI, FL 33155 US

**FEI Number:** 46-2100331

**Certificate of Status Desired:** No

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

RIVERAH, CIAARA  
2695 SOUTH LEJEUNE ROAD  
SUITE 202  
CORAL GABLES, FL 33134 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:** CIAARA RIVERAH

07/10/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RIVERAH, CIAARA  
Address 4250 SW 58 AVENUE  
City-State-Zip: MIAMI FL 33155

*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.*

**SIGNATURE:** CIAARA RIVERAH

07/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date