

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000037443

Entity Name: THREE TREASURES ORIENTAL MEDICINE, LLC

Current Principal Place of Business:

918 SW 143RD AVE
PEMBROKE PINES, FL 33027

Current Mailing Address:

918 SW 143RD AVE
PEMBROKE PINES, FL 33027 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, SHONTIA T
918 SW 143RD AVE
PEMBROKE PINES, FL 33027 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 AUTHORIZED REPRESENTATIVE,
 MANAGER
Name JOHNSON, RITA M
Address 918 SW 143RD AVE
City-State-Zip: PEMBROKE PINES FL 33027

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: RITA JOHNSON

MANAGER

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date