

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000086150

**Entity Name:** IVY ACUPUNCTURE & MEDICINE CLINIC

**Current Principal Place of Business:**

1330 CORAL WAY  
SUITE 308  
MIAMI, FL 33145

**Current Mailing Address:**

1330 CORAL WAY  
SUITE 308  
MIAMI, FL 33145 US

**FEI Number:** 47-0999125

**Certificate of Status Desired:** No

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

YAN, SHIFENG  
1330 CORAL WAY  
SUITE 308  
MIAMI, FL 33145 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  
Name YAN, SHIFENG  
Address 1330 CORAL WAY  
SUITE 308  
City-State-Zip: MIAMI FL 33145

*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:** SHIFENG YAN

LAC

04/22/2021

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

\_\_\_\_\_  
Date