

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000050525

Entity Name: MIAMI BEACH ACUPUNCTURE CENTER LLC

Current Principal Place of Business:

4014 CHASE AVENUE #210
MIAMI BEACH, FL 33140

Current Mailing Address:

PO BOX 402572
MIAMI BEACH, FL 33140 US

FEI Number: 82-4545115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALINAS, SILVIA
4014 CHASE AVENUE #210
MIAMI BEACH, FL 33140 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 DR
Name SALINAS, SILVIA T
Address 4014 CHASE AVENUE #210
City-State-Zip: MIAMI BEACH FL 33140

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: SILVIA SALINAS

MANAGER

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date