


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90153 014 ***138.75

DOCUMENT # L07000073815			
1. Entity Name SALUD Y BUENA VIDA, LLC			
Principal Place of Business 19455 SW 78 CT MIAMI, FL 33157		Mailing Address 19455 SW 78 CT MIAMI, FL 33157	
2. Principal Place of Business - No P.O. Box # 6718 Main Street		3. Mailing Address Same as 2.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Lakes		City & State	
Zip FL	Country 33014	Zip	Country
4. FEI Number 26-0563356		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OCHOA, NESTOR 19455 SW 78 CT MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Laura Gonzalez Street Address (P.O. Box Number is Not Acceptable) 6718 Main Street City Miami Lakes FL Zip Code 33014	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE 3-8-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCHOA, NESTOR 19455 SW 78 CT MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMADOR, ERNESTO 7630 TAFT ST PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOBERON, HECTOR 46 BIRCH DR HOLLYWOOD, FL 33026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALES, LAURA 11780 SW 89TH STREET #201 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gonzalez, Laura <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6718 Main Street Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			
SIGNATURE <i>[Signature]</i>		DATE 3/8/08	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	