

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126435

FILED
Mar 04, 2009
Secretary of State

Entity Name: A SU SALUD, LLC

Current Principal Place of Business:

9101 E. BAY HARBOR DRIVE, #304
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

9101 E. BAY HARBOR DRIVE, #304
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 71-1044610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUILEZ, ALBERTO
Address: 9101 E. BAY HARBOR DRIVE, #304
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGRM () Delete
Name: QUILEZ, HAMNYS E
Address: 9101 E. BAY HARBOR DRIVE, #304
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HAMNYS QUILEZ

CFO

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date