

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126435

**FILED**  
**Mar 21, 2010**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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  
Name: QUILEZ, ALBERTO  
Address: 9101 E. BAY HARBOR DRIVE, #304  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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

I hereby 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

MGRM

03/21/2010

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