

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126435

**Entity Name:** A SU SALUD, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 71-1044610

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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	MGRM	Title	MGRM
Name	QUILEZ, ALBERTO	Name	QUILEZ, HAMNYS E
Address	9101 E. BAY HARBOR DRIVE, #304	Address	9101 E. BAY HARBOR DRIVE, #304
City-State-Zip:	BAY HARBOR ISLANDS FL 33154	City-State-Zip:	BAY HARBOR ISLANDS FL 33154

*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:** ALBERTO QUILEZ

**MANAGER**

**04/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date