

**2015 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:**

A SU SALUD LLC  
155 OFFICE PLAZA DRIVE  
1ST FLOOR  
TALLAHASSEE, FL 32301 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:** ALBERTO QUILEZ

02/23/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGRM  
Name QUILEZ, HAMNYS E  
Address 9101 E. BAY HARBOR DRIVE, #304  
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

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date