

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080143

**Entity Name:** VIVE LA VIDA, LLC

**Current Principal Place of Business:**

19950 WEST COUNTRY CLUB DRIVE  
SUITE # 901  
AVENTURA, FL 33180

**Current Mailing Address:**

19950 WEST COUNTRY CLUB DRIVE  
SUITE # 901  
AVENTURA, FL 33180

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AMBE, MOISES  
19950 WEST COUNTRY CLUB DR  
SUITE 901  
AVENTURA, FL 33180 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  
Name AMBE, MOISES  
Address 19950 WEST COUNTRY CLUB DR  
SUITE 901  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name SEVILLA DE AMBE, SARA  
Address 19950 WEST COUNTRY CLUB DR  
SUITE 901  
City-State-Zip: AVENTURA FL 33180

*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:** MOISES AMBE

**MGRM**

**02/20/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date