

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117187

Entity Name: VIVAS FORMULA, LLC

Current Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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 VIVAS, PABLO
Address C/O 355 ALHAMBRA CIRCLE, SUITE
801
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name VIVAS, CARMEN R
Address C/O 355 ALHAMBRA CIRCLE, SUITE
801
City-State-Zip: CORAL GABLES FL 33134

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: PABLO VIVAS

MGRM

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date