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: TATIANA BERNAL RODRIGUEZ

Electronic Signature of Signing Authorized Person(s) Detail

<u>2017 FL</u>	ORIDA LIMITED LIABILITY COMPAN	Y ANNUAL REPORT

DOCUMENT# L11000100740

Entity Name: SOUTH FLORIDA HEALTHY VENDING, L.L.C.

Current Principal Place of Business:

13611 S. DIXIE HWY 353 MIAMI, FL 33176

Current Mailing Address:

10620 S.W. 130 STREET MIAMI, FL 33176

FEI Number: 45-3181657

Name and Address of Current Registered Agent:

RODRIGUEZ, TATIANA B 10620 S.W. 130 STREET MIAMI, FL 33176 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

Authorized Person(s) Detail :

ïtle	MGRM	Title	MGRM	
lame	RODRIGUEZ, TATIANA B	Name	BALTAR, GUILLERMO	
ddress	10620 S.W. 130 STREET	Address	10620 S.W. 130 STREET	
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176	
ddress	10620 S.W. 130 STREET	Address	10620 S.W. 130 STREET	

02/09/2017 MGRM

FILED Feb 09, 2017 Secretary of State CC6546807197

Date

Certificate of Status Desired: No

Date