

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000099845

**Entity Name:** GOOD VIBES SUPPLY LLC

**Current Principal Place of Business:**

9566 NW 41 STREET  
DORAL, FL 33178

**Current Mailing Address:**

9566 NW 41 STREET  
DORAL, FL 33178 US

**FEI Number: 35-2512738**

**Certificate of Status Desired: No**

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

CASTRILLON CALDERON, RICARDO  
9566 NW 41 STREET  
DORAL, FL 33178 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            MBR  
Name            CASTRILLON CALDERON, RICARDO  
Address        8725 NW 13TH TERRACE  
City-State-Zip: DORAL FL 33172

Title            MGR  
Name            MARIA DOLORES DE ABREU DE  
                    CASTRILLON  
Address        8725 NW 13TH TERRACE  
City-State-Zip: DORAL FL 33172

*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: RICARDO CASTRILLON**

**MBR**

**01/13/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date