**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 19, 2016**
**Secretary of State**
**CC3533788936**

DOCUMENT# L14000163658

**Entity Name:** DELIRIO HEALTHY GROUP LLC

**Current Principal Place of Business:**

8400 NW 17TH ST
MIAMI, FL 33126

**Current Mailing Address:**

8400 NW 17TH ST
MIAMI, FL 33126 US

**FEI Number: 47-2126786**

**Certificate of Status Desired:** No

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

CAMPA, LILIANA
8400 NW 17TH ST
MIAMI, FL 33126 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 | MANAGER | Title | MANAGER |
| Name | CAMPA, LILIANA | Name | CAMPA, MARIO |
| Address | 8400 NW 17TH ST | Address | 11308 SW 9TH CT |
| City-State-Zip: | MIAMI FL 33126 | City-State-Zip: | DAVIE FL 33325 |

*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: LILIANA CAMPA MANAGER 04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date