

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000100621

**Entity Name:** POWER HEALTHY VENDING LLC

**Current Principal Place of Business:**

16381 HOLLOW TREE LANE  
WELLINGTON, FL 33470

**Current Mailing Address:**

1880 N CONGRESS AVE  
215  
BOYNTON BEACH, FL 33426

**FEI Number:** 47-4241193

**Certificate of Status Desired:** No

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

MP FINANCIAL SERVICES, LLC  
1880 N CONGRESS AVE  
215  
BOYNTON BEACH, FL 33426 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 PINTO, EROL  
Address 16381 HOLLOW TREE LANE  
City-State-Zip: WELLINGTON FL 33470

Title MGRM  
Name PINTO, CHRISTINE E  
Address 16381 HOLLOW TREE LANE  
City-State-Zip: WELLINGTON FL 33470

*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:** EROL PINTO

**OWNER**

**03/09/2016**

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

\_\_\_\_\_  
Date