

2018 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

MGR

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date