

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000221772

**Entity Name:** JUICY VIDA LLC

**Current Principal Place of Business:**

3600 UNIVERSITY BLVD  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

1706 ART MUSEUM DR  
F15  
JACKSONVILLE, FL 32207

**FEI Number:** 83-1964602

**Certificate of Status Desired:** No

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

AMERICA TAX AND INSURANCE SERVICES INC  
4069 S GOLDENROND RD  
ORLANDO, FL 32822 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	MGR	Title	MGR
Name	CACERES-AMADOR, CINTHIA L	Name	SUAZO-CASTELLANOS, OSCAR N
Address	1706 ART MUSEUM DR APT F15	Address	1706 ART MUSEUM DR APT F15
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

*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:** CINTHIA L CACERES-AMADOR

**MGR**

**04/26/2019**

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

\_\_\_\_\_  
Date