

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000532713

**Entity Name:** LA VIDA SIGUE ADULT DAY CARE LLC

**Current Principal Place of Business:**

13813-13815 S DIXIE HWY  
MIAMI, FL 33176

**Current Mailing Address:**

13813-13815 S DIXIE HWY  
MIAMI, FL 33176 US

**FEI Number:** 92-1440451

**Certificate of Status Desired:** No

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

PEREZ HIDALGO, LILIET  
13813-13815 S DIXIE HWY  
MIAMI, FL 33176 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	AMBR	Title	AMBR
Name	PEREZ HIDALGO, LILIET	Name	QUINTARA MELIAN, MANUEL A
Address	13813-13815 S DIXIE HWY	Address	13813-13815 S DIXIE HWY
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** LILIET PEREZ HIDALGO

**ADMINISTRATOR**

**02/07/2024**

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

\_\_\_\_\_  
Date