LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90243 006 ****55.00

DOCUMENT # L00000011124

943762

1. Entity Name

EATING WELL, L.L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1760 N.W. 22 St.	1200 S. ALHAMBRA CIR.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33142 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 65-1103304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JACK MARTIN COE, ESQ

Street Address (P.O. Box Number is Not Acceptable): 370 MINORCA AVE, STE 6

City: CORAL GABLES FL Zip Code: 33134

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING MEMBER
NAME	EDUARDO DE LA FUENTE
STREET ADDRESS	1760 N.W. 22 ST.
CITY-ST-ZIP	MIAMI, FL. 33142
TITLE	MEMBER
NAME	CONCEPCION T. BRETOS
STREET ADDRESS	374 NE 92ND ST.
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	MEMBER
NAME	JOSEFINA R. RAMIREZ
STREET ADDRESS	1200 S. ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ JOSEFINA R. RAMIREZ 04/15/02 305-666-1264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #