

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000002359**

**1. Entity Name**  
**LIEU DE SANTE, LLC**



**Principal Place of Business**  
**1100 FLORIDA MANGO**  
**SUITE D**  
**WEST PALM BEACH, FL 33409**

**Mailing Address**  
**1100 FLORIDA MANGO**  
**SUITE D**  
**WEST PALM BEACH, FL 33409**



01192005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**03-0382903**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**YOUNG, TAMARA PRICE**  
**1100 FLORIDA MANGO**  
**SUITE D**  
**WEST PALM BEACH, FL 33409**

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>YOUNG, TAMARA</b>
<b>STREET ADDRESS</b>	<b>1100 N. FLORIDA MANGO RD.</b>
<b>CITY - ST - ZIP</b>	<b>WEST PALM BEACH, FL 33409</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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<b>NAME</b>	
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<b>CITY - ST - ZIP</b>	

U00000253104  
03/07/05-80021-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/01/05 501 689 8024

Date

Daytime Phone #