2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027052

1. Entity Name
VIVA! FOR WOMEN, LLC

Principal Place of Business	Mailing Address
150 WORTH AVENUE #216 PALM BEACH, FL 33480	150 WORTH AVENUE #216 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

04152004No Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1850660

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DAVID
630 S.SAPODILLA AVE.
#413
W.PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000118806
04/19/04-80075-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALLEN, DAVID
STREET ADDRESS	150 WORTH AVENUE, #216
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGR
NAME	ALLEN, VIRPI
STREET ADDRESS	150 WORTH AVENUE, #216
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ APRIL 15, 04 561-805-7090
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #