

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022497

Entity Name: BUEN SALUD, LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6801 POWERLINE RD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

5000 NORTH OCEAN BLVD. #1510  
LAUDERDALE-BY-THE-SEA, FL 33308

**New Mailing Address:**

FEI Number: 57-1175744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZAVIK, JEFFREY S  
5000 NORTH OCEAN BLVD. #1510  
LAUDERDALE-BY-THE-SEA, FL 33308 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ZAVIK, JEFFREY S  
Address: 5000 N. OCEAN BLVD #1510  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM  
Name: ZAVIK, CHERYL  
Address: 5000 N. OCEANS BLVD #1510  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHERYL A. ZAVIK

MGRM

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date