

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90332 046 \*\*\*\*50.00

DOCUMENT # L05000016222

1. Entity Name  
PURA VIDA ENTERPRISES, L.L.C.



Principal Place of Business

112 N. EAST STREET  
SUITE B  
TAMPA, FL 33602

Mailing Address

112 N. EAST STREET  
SUITE B  
TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #

2240 Belleair Rd  
Suite 190

3. Mailing Address

2240 Belleair Rd  
Suite 190

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33764

Country

US

Zip

33764

Country

US

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUKE CHARLES LIROT, P.A.  
112 N. EAST STREET  
SUITE B  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name  
LUKE CHARLES LIROT, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Rd

Suite 190

City  
Clearwater

FL

Zip Code

33764

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

*Luke Lirot*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

LUKE LIROT

4-30-07

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME LEADERSHIP ENHANCEMENT DEVELOPMENT, L.L.C.  
STREET ADDRESS 112 N. EAST STREET, SUITE B  
CITY-ST-ZIP TAMPA, FL 33602 ☒ Delete

TITLE MGRM  
NAME E-PAY SOLUTIONS, L.L.C. (WASHINGTON)  
STREET ADDRESS 8808 113RD AVENUE NORTHEAST  
CITY-ST-ZIP REDMOND, WA 98052 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME LIROT, LUKE C  
STREET ADDRESS 2240 Belleair Rd, Suite 190  
CITY-ST-ZIP Clearwater, FL 33764 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Luke Lirot*

Date

4-30-07

Daytime Phone #

(787) 536-2100