

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000059921

1. Entity Name
PURA VIDA, LLC



Principal Place of Business
2264 SW 33RD WAY
FORT LAUDERDALE, FL 33312

Mailing Address
2264 SW 33RD WAY
FORT LAUDERDALE, FL 33312



07272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3808602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, ANTHONY L
2264 SW 33RD WAY
FORT LAUDERDALE, FL 33312

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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 September 14, 2007

U00000771384
08/03/07-80004-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOODWIN, ANTHONY L
2264 SW 33RD WAY
FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOODWIN, STEPHANIE S
2264 SW 33RD WAY
FORT LAUDERDALE, FL 33312

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

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

8/1/07

Date

Daytime Phone #