

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120396

Entity Name: VIDA MOBILE, LLC

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

C/O MARTA GILARRANZ
3257 NW 102ND PATH
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

C/O MARTA GILARRANZ
3257 NW 102ND PATH
DORAL, FL 33172

New Mailing Address:

FEI Number: 20-8260467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILARRANZ, MARTA P MAN
3257 NW 102ND PATH
DORAL, FL 33172 US

Name and Address of New Registered Agent:

GILARRANZ, MARTA P MAN
4490 FOXTAIL LANE
WESTON, FL 33331 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MAN () Delete
Name: GILARRANZ, MARTA
Address: 3257 NW 102ND PATH
City-St-Zip: DORAL, FL 33172

Title: MAN () Delete
Name: GILARRANZ, DAVID
Address: 3257 NW 102ND PATH
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MAN (X) Change () Addition
Name: GILARRANZ, MARTA
Address: 4490 FOXTAIL LANE
City-St-Zip: WESTON, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARTA GILARRANZ

MAN

04/26/2009

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