# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# L06000009175

**Entity Name:** VIDA HOLDINGS, LLC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE, #1150
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BLVD., #1045
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number: 20-4208809** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

FLEISCHMAN, VICTOR
150 ALHAMBRA CIRCLE, #1150
CORAL GABLES, FL 33134 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 ( ) Delete
Name: TORRES, DANIEL
Address: 150 ALHAMBRA CIRCLE, #1150
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: VICTOR FLEISCHMAM IR, REVOCABLE 2000 TRUST
Address: 150 ALHAMBRA CIRCLE, #1150
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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: VICTOR FLEISCHMAN MGRM 01/14/2009

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