

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121035

Entity Name: MOOD VIVE LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

11700 NW 101 ROAD  
1  
MEDLEY, FL 33178 US

## **New Principal Place of Business:**

10650 NW 29 TERRACE  
DORAL, FL 331722195 US

## **Current Mailing Address:**

11700 NW 101 ROAD  
1  
MEDLEY, FL 33178 US

## **New Mailing Address:**

10650 NW 29 TERRACE  
DORAL, FL 331722195 US

FEI Number: 20-8179951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTI, GABRIEL  
11700 NW 101 ROAD  
1  
MEDLEY, FL 33178 US

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

CONTI, GABRIEL  
10650 NW 29 TERRACE  
DORAL, FL 331722195 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: JUAN C. BRICENO

03/15/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CONTI, GABRIEL  
Address: 10650 NW 29 TERRACE  
City-St-Zip: DORAL, FL 331722195 US

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: GABRIEL CONTI

PRES

03/15/2011

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