

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027242

FILED
Mar 04, 2009
Secretary of State

Entity Name: BUENA VISTA MARKETING LLC

Current Principal Place of Business:

1205 S.W. 37 AVENUE, STE 300
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

2200 SOUTH DIXIE HWY
STE 601
MIAMI, FL 33133

New Mailing Address:

2151 S. LE JEUNE ROAD
SUITE 202
CORAL GABLES, FL 33134

FEI Number: 20-8635905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, CLAUDIO R
2200 SOUTH DIXIE HWY, STE 601
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

ALVAREZ, CLAUDIO R
2151 S. LE JEUNE ROAD
SUITE 202
CORAL GABLES, FL 33134 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: CLAUDIO R. ALVAREZ

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOLERA HEALTH SERVICES, LLC
Address: 1205 S.W. 37 AVENUE, STE 300
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: QUEREJETA, ELIZABETH
Address: 2200 SOUTH DIXIE HWY, STE 601
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: QUEREJETA, ELIZABETH
Address: 2151 S. LE JEUNE ROAD, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134

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: CLAUDIO R. ALVAREZ

MGRM

03/04/2009

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