

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000008248

**FILED**  
**Oct 30, 2009**  
**Secretary of State**

**Entity Name:** VILAR HEALTH ENTERPRISES, LLC

**Current Principal Place of Business:**

440 EAST 23 STREET  
1217  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

440 EAST 23 STREET  
1217  
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MARIAS INCOME TAX & ACCOUNTING SERVICES IN  
4693 NW 199 STREET  
MIAMI, FL 33055 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: MARIA CERNADAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: VILAR, CARLOS  
Address: 440 EAST 23 STREET, # 1217  
City-St-Zip: HIALEAH, FL 33013

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: CARLOS VILAR

MGR

10/30/2009

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