

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000008248

**FILED**  
**Jul 20, 2011**  
**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 ( )**

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: CARLOS VILAR

MGMR

07/20/2011

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