

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000063297

Entity Name: VIDA SALUDABLE LLC

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1609 NW. 29 ST.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

16450 NW 2 AVE  
416  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 66-0715066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PELEN, HILDA R  
16450 NW 2 AVE  
416  
MIAMI, FL 33169 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: MGR  
Name: PELEN, HILDA R  
Address: 16450 NW 2 AVE APT 416  
City-St-Zip: MIAMI, FL 33169

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: HILDA PELEN

MGR

02/23/2011

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