

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054477

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** SALUD Y VIDA HERBAL LLC

**Current Principal Place of Business:**

7079 WEST WATERS AVE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7079 WEST WATERS AVE  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 27-0279101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTANO, BLANCA  
7079 W WATERS AVE  
TAMPA, FL 33634 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:** CASTANO, BLANCA  
**Address:** 7079 W WATERS AVE  
**City-St-Zip:** TAMPA, FL 33634

**Title:** MGR  
**Name:** NORENA, GONZALO  
**Address:** 7079 W WATERS AVE  
**City-St-Zip:** TAMPA, FL 33634

**Title:** MGR  
**Name:** CASTANO, ANGELA A  
**Address:** 7079 W WATERS AVE  
**City-St-Zip:** TAMPA, FL 33634

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:** BLANCA CASTANO

MGR

01/09/2012

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