

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000066142

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** HEALTH HOSPITALITY & CONCIERGE SERVICES, LLC

**Current Principal Place of Business:**

1900 NORTH BAYSHORE DR.  
4002  
MIAMI, FL 33132

**New Principal Place of Business:**

2960 S. FEDERAL HWY  
MIAMI, FL 33129

**Current Mailing Address:**

1900 NORTH BAYSHORE DR.  
4002  
MIAMI, FL 33132

**New Mailing Address:**

P.O BOX 12313  
MIAMI, FL 33101

**FEI Number:** 36-4730504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORRALES, RICHARD B  
1900 NORTH BAYSHORE DR.  
4002  
MIAMI, FL 33132 US

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

CORRALES, RICHARD B  
2960 S. FEDERAL HWY.  
MIAMI, FL 33129 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CORRALES, RICHARD B  
Address: 2960 S. FEDERAL HWY  
City-St-Zip: MIAMI, FL 33129

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: RICHARD B. CORRALES

MGR

04/17/2012

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