

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005165

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PREVENTIVE AGE MANAGEMENT LLC

**Current Principal Place of Business:**

18851 NE 29TH AVE., SUITE 700  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29TH AVE., SUITE 700  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 27-3980499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** MGRM  
**Name:** THALER, JASON  
**Address:** 18851 NE 29TH AVE., SUITE 700  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** MGRM  
**Name:** KHORIATY, ALAN  
**Address:** 18851 NE 29TH AVE., SUITE 700  
**City-St-Zip:** AVENTURA, FL 33180

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:** JASON THALER

MGRM

04/29/2011

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