## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000029102

Entity Name: HEALTH, LOVE LIFE, LLC

**Current Principal Place of Business:** 

7792 NW 54 STREET DORAL, FL 33166

**Current Mailing Address:** 

7792 NW 54 STREET DORAL, FL 33166 US

FEI Number: 46-4878680 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CISNEROS, GRISET 7792 NW 54 STREET DORAL, FL 33166 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

Date

FILED Feb 10, 2016

**Secretary of State** 

CC4926409598

Authorized Person(s) Detail:

Title AMBR Title AMBR

NameCISNEROS, GRISETNameCISNEROS, CHARLESAddress7792 NW 54 STREETAddress7792 NW 54 STREETCity-State-Zip:DORAL FL 33166City-State-Zip:DORAL FL 33166

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GRISET CISNEROS

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

02/10/2016