

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000011656

Entity Name: LIVE BETTER USA LLC**Current Principal Place of Business:**2100 E. HALLANDALE BEACH BLVD
306
HALLANDALE, FL 33009**Current Mailing Address:**16475 GOLF CLUB RD.
SUITE # 304
WESTON, FL 33326 US**FEI Number:** 81-1999323**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PEAK CORP
16475 GOLF CLUB RD.
SUITE # 304
WESTON, FL 33326 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:** SANDRA B. MASSO

04/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PASETTI, MARCUS K
Address 2100 E. HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER, MANAGER
Name FERRO, MARCELO
Address 16475 GOLF CLUB RD.
SUITE # 304
City-State-Zip: WESTON FL 33326

Title AUTHORIZED MEMBER, MANAGER
Name ALVES, HELOISA
Address 100 GOLDEN ISLES DR
APT # 909
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER, MANAGER
Name SOARES, GUSTAVO
Address 16475 GOLF CLUB RD
SUITE # 304
City-State-Zip: WESTON FL 33326

Title AUTHORIZED MEMBER, MANAGER
Name MASSO, SANDRA B
Address 16475 GOLF CLUB RD.
SUITE # 304
City-State-Zip: WESTON FL 33326

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: PASETTI ,MARCUS KAUTHORIZED MEMBER,
MANAGER

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date