

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000065133

**Entity Name:** BELEZA VITAL, LLC

**Current Principal Place of Business:**

3193 TIMUCUA CIRCLE  
ORLANDO, FL 32837

**Current Mailing Address:**

3193 TIMUCUA CIRCLE  
ORLANDO, FL 32837 US

**FEI Number: 82-0894399**

**Certificate of Status Desired: No**

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

RIVERA, MICHAEL  
12025 VILLANOVA DRIVE  
# 103  
ORLANDO, FL 32837 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

**Authorized Person(s) Detail :**

Title            AMBR  
Name            RIVERA, MICHAEL  
Address        12025 VILLANOVA DRIVE #103  
City-State-Zip: ORLANDO FL 32837

Title            AMBR  
Name            CUQUI-RIVERA, ELIZANDRA  
Address        12025 VILLANOVA DRIVE #103  
City-State-Zip: ORLANDO FL 32837

Title            AMBR  
Name            RIVERA, CARMEN  
Address        3193 TIMUCUA CIRCLE  
City-State-Zip: ORLANDO FL 32837

Title            AMBR  
Name            RIVERA, MIGUEL  
Address        3193 TIMUCUA CIRCLE  
City-State-Zip: ORLANDO FL 32837

*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: MICHAEL RIVERA**

**AMBR**

**04/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date