

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000268645

**Entity Name:** VIVIR CON SALUD LLC

**Current Principal Place of Business:**

7387 SW 21ST ST  
MIAMI, FL 33155

**Current Mailing Address:**

7387 SW 21ST ST  
MIAMI, FL 33155

**FEI Number:** 87-2398234

**Certificate of Status Desired:** Yes

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

GARCIA ALLENDE, ALICIA  
7387 SW 21ST ST  
MIAMI, FL 33155 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:** ALICIA GARCIA ALLENDE

02/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GARCIA ALLENDE, ALICIA  
Address 7387 SW 21ST ST  
City-State-Zip: MIAMI FL 33155

*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:** ALICIA GARCIA ALLENDE

MGR

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date