

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000122943

**Entity Name:** VITALITY LIFE & HEALTH INSURANCE AGENCY, LLC**Current Principal Place of Business:**5471 W. WATERS AV.  
SUITE 300  
TAMPA, FL 33634**Current Mailing Address:**5471 W. WATERS AV.  
SUITE 300  
TAMPA, FL 33634 US**FEI Number:** 47-4627256**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEINER, RORY  
635 W. LUMSDEN RD.  
BRANDON, FL 33511 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:** RORY WEINER

01/13/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER
Name	ROLLINSON, WILLIAM
Address	5471 W. WATERS AV. SUITE 300
City-State-Zip:	TAMPA FL 33634

Title	MANAGER
Name	FIDLER, BRIAN
Address	5471 W. WATERS AV. SUITE 300
City-State-Zip:	TAMPA FL 33634

Title	LIMITED PARTNER
Name	STONE, DEBRA
Address	5471 W. WATERS AV. SUITE 300
City-State-Zip:	TAMPA FL 33634

Title	CFO, MANAGER
Name	GHOLSON, NEIL BRADLEY
Address	5471 W. WATERS AV. SUITE 300
City-State-Zip:	TAMPA FL 33634

*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:** NEIL B. GHOLSON

CFO

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date