

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000280844

**Entity Name:** VITALITY WORX, LLC

**Current Principal Place of Business:**

4590 ISABELLA INGRAM DR  
SUITE B  
PENSACOLA, FL 32504

**Current Mailing Address:**

4590 ISABELLA INGRAM DR  
SUITE B  
PENSACOLA, FL 32504 US

**FEI Number:** 84-3646006

**Certificate of Status Desired:** No

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

CHRISTINA POWERS TAX  
3700 CREIGHTON RD  
SUITE 10  
PENSACOLA, FL 32504 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:** CHRISTINA POWERS

01/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRIGGS, J CHRISTINE  
Address 8145 RALEIGH STREET  
City-State-Zip: NAVARRE FL 32566

*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:** J CHRISTINE BRIGGS

MANAGING MEMBER

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date