

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000001843

**Entity Name:** VITALSMARTS, LC., LLC

**Current Principal Place of Business:**

320 RIVER PARK DRIVE  
SUITE SWB  
PROVO, UT 84604

**Current Mailing Address:**

320 RIVER PARK DRIVE  
SUITE SWB  
PROVO, UT 84604 US

**FEI Number:** 87-0664848

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name           GILES, TROY  
Address        282 RIVER BEND LANE  
                  SUITE 100  
City-State-Zip: PROVO UT 84604

Title           MANAGER  
Name           SHIMBERG, ANDREW  
Address        282 RIVER BEND LANE  
                  SUITE 100  
City-State-Zip: PROVO UT 84604

Title           MANAGER  
Name           GRENNY, JOSEPH  
Address        282 RIVER BEND LANE  
                  SUITE 100  
City-State-Zip: PROVO UT 84604

Title           MEMBER  
Name           VS PROFESSIONAL TRAINING  
                  ACQUISITION, LLC  
Address        282 RIVER BEND LANE  
                  SUITE 100  
City-State-Zip: PROVO UT 84604

*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:** TROY GILES

**MANAGER**

**02/24/2023**

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

\_\_\_\_\_  
Date