

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008426

FILED
Jul 05, 2005
Secretary of State

Entity Name: VITALITY HEALTH & WELLNESS, LLC

Current Principal Place of Business:

2999 NE 191 STREET,
905
AVENTURA, FL 33180

New Principal Place of Business:

410 MERIDIAN AVENUE
FIRST FLOOR
MIAMI BEACH, FL 33139

Current Mailing Address:

2999 NE 191 STREET
905
AVENTURA, FL 33180

New Mailing Address:

410 MERIDIAN AVENUE
FIRST FLOOR
MIAMI BEACH, FL 33139

FEI Number: 65-1029478 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVINSON, ANDREW M DR.
2999 NE 191 STREET, SUITE 905
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LEVINSON, ANDREW M DR.
410 MERIDIAN AVENUE
FIRST FLOOR
MIAMI BEACH, FL 33139 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:

07/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEVINSON, ANDREW
Address: 1334 DREXEL AVENUE #9
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVINSON, ANDREW
Address: 345 WEST 46 STREET
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANDREW LEVINSON

MGR

07/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date