



**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90079 017 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L02000021112</b>						<b>10103334</b>	
1. Entity Name <b>VITAL CONNECTIONS LLC</b>							
Principal Place of Business 5825 COLLINS AVENUE, #5G MIAMI BEACH, FL 33140				Mailing Address 5825 COLLINS AVENUE, #5G MIAMI BEACH, FL 33140			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  ANDERSON, NANCY E 5825 COLLINS AVENUE, #5G MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and if so it applies. (NOTE: Registered Agent's signature required when withdrawing)</small>							
							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	ANDERSON, NANCY E	5825 COLLINS AVENUE, #5G MIAMI BEACH, FL 33140				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.							
SIGNATURE: <u>Nancy E Anderson</u>				Date: <u>4/29/03</u>		Daytime Phone #: <u>305 868 4726</u>	
<small>SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							



☐ CHECK HERE IF MAKING CHANGES

4. Filing Number 06-1651897- Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

042E083 (10/02)

3058684726  
NANCY E  
10103334

ATTACHMENT



**Vital Connections**

Corporate Communications

10103334  
20200002112

May 1, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

This letter is acknowledging late filing of the 2003 Limited Liability Company Uniform Business Report (UBR) due to being the sole member of a newly formed LLC (August 2002) that has yet to generate any revenue. Although ignorance and inexperience are not valid excuses, I was under the impression the filing date for the UBR report was May 15 and not May 1, and hence am filing late. I now better understand my obligations as a single member LLC and assure you future filings will be made on time.

Enclosed please find a check for the UBR filing fee of \$50.00 for a Limited Liability Company.

I thank you in advance for your kind acceptance of the enclosed 2003 UBR report and can be reached at 305.868.4726 should you need to contact me to discuss this matter.

Sincerely,

Nancy E. Anderson  
MGRM  
Vital Connections LLC