

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90322 040 ****50.00

DOCUMENT # L02000023947

1. Entity Name
SOMAVITA, LLC



Principal Place of Business
C/O CHRISTINA VON BERGEN
2634 BULRUSH LANE
NAPLES FL 34105

Mailing Address
C/O CHRISTINA VON BERGEN
2634 BULRUSH LANE
NAPLES FL 34105

20012661



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 03-0500373

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUDD, DAVID G
3033 RIVIERA DR., STE. 201
NAPLES FL 34103

Name
Christina von Bergen

Street Address (P.O. Box Number is Not Acceptable)

2634 Bulrush Lane

City
Naples

FL

Zip Code
34105

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 Christina von Bergen **1/3/03**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CHRISTINA VON BERGEN

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Manager ☐ Delete
NAME Christina von Bergen
STREET ADDRESS 2634 Bulrush Lane
CITY-ST-ZIP Naples, Florida 34105

TITLE Manager ☐ Change ☒ Addition
NAME Christina von Bergen
STREET ADDRESS 2634 Bulrush Lane
CITY-ST-ZIP Naples, FL 34105 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED

1/3/03

(239) 403-8513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)