2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023947

1. Entity Name

SOMAVITA, LLC



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

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

## BURDEN HAVE PRICE OF Business Suite, Apr. #, etc.			•						
PRIES FL 34105 Suite, Apt. #, etc. Suite, Apt. #,	Principal Place of Business	Mailing Address			1				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Application Application	C/O CHRISTINA VON BERGEN 2634 BULRUSH LANE NAPLES FL 34105	2634 BULRUSH LANE							
City & State City Naples FL City Naples City Naples FL City Naples City Naples City Naples City Naples FL City Naples City Naples City Naples FL City Naples City N	2. Principal Place of Business	3. Mailing Address							
Applied For Not Applied Fo	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		XX CHECK HERE IF MAKING CHANGES				
St. Operation St. Operatio	City & State	City & State		<u></u>	A FELIX			7	
S. Name and Address of Current Registered Agent BUDD_DAMID G Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) AVAILES FI. 34103 The above named entity submits the systematic for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with and accept the obligators is an accept the obligators agent. FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS MANAGING MEMBERS/MANA	Zip Country	Zip	Country	ntry			□ \$5.00 ·	Additional	∍
Street Address (FO. Box Numbor is Not Acceptable) Street Address (FO. Box Numbor is Not Acceptable)	6. Name and Address of Curren	t Registered Agent			7. Name and Ad	dress of New R	····	ired	_
Street Address (F.O. Box Number is Not Acceptable) 2634 Bullrush Lane Chy Naples FL 20, Code The above rapped entity submits the submits of submits of submits and submits and submits of submits and submits of submits and	- BUDD DAVID C		Nan	ne Chr			- <u> </u>		7
The above named entity automits the stylement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of a professored agent and upon in or life. GNATURE Supplies CHRISTINA VON BERGEN FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS TOTAL TOTAL STATE OF STATE			Stre						-
The above named entity submits the subtement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am samilar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am samilar with, and accept 1/3/03. 1/3/03									
The above named entity submits this subment for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of protections are red spit accidate. 1/3/03					rusn Lane			· <u>-</u>	4
The Delegatories by Delegated a promise name of registered agent; Sequence typic of printed name of registered agent; Sequence typic of typic of printed name of registered agent; Sequence typic of typic of printed name of registered agent; Sequence typic of typic of printed name of registered agent; Sequence typic of ty	-			Naples	3	FL 34105			
CHRISTINA VON BERGEN FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES LE	8. The above named entity submits this statement if the obligations of registered agent.	or the purpose of changing it	s registered offic	e or registere	ed agent, or both, in	the State of Flo	rida. I am familiar wi	th, and accept	1
CHRISTINA VON BERGEN FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ID. ADDITIONS/CHANGES LE CARREST OF TAILOUS BERGEN MANAGING MEMBERS/MANAGERS ID. MARAGING MEMBERS/MANAGERS ID. MARAGING MEMBERS/MANAGERS TITLE MARAGING MEMBERS/MANAGERS ID. MARAGING MEMBERS/MANAGERS Christina von Bergen 2634 Bürush Lane Christina von Bergen 2634 Bürush Lane Naples, FL 34105 Change Addition Marager Christina von Bergen 2634 Bürush Lane Naples, FL 34105 Change Addition MERITADORESS CHY-ST-ZP LE Delete ITILE MAME STREET ADDRESS CHY-ST-ZP EET ADDRESS CHY-ST-ZP EET ADDRESS CHY-ST-ZP EET ADDRESS CHY-ST-ZP LE Delete ITILE MAME STREET ADDRESS CHY-ST-ZP EET ADDRESS CHY-ST-ZP EET ADDRESS STREET ADDRESS	SIGNATURE OF OWN W	Men					1/3/03		
Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Manager	Signature, typed or printed name of registered agent	and title i applicable. (NO	TE: Registered Agents	ionature required	when reinstating)		DATE	•	╝
Due By May 1, 2003	CHRISTINA VON BERGEN								
MANAGING MEMBERS/MANAGERS LE					t of State				
THE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-S	9. MANAGING MEMRI								_
MEET ADDRESS				M		ADDITIONS/		Addition	1
Companies Comp	NAME Thristing wen Bons	Tudskine ven Bergen				Paraan	Chiang	XX	Š
LE ME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE MAME STREET ADDRESS CITY-ST-ZIP		3 80		2634	Bülrush I	ane			6
NAME STREET ADDRESS	TITLE						Change	Addition	- J ji
Y-ST-ZIP	NAME	□ Delete					Change	z	5
Delete	STREET ADDRESS		SS						
NAME STREET ADDRESS	IITLE	□ p.l	-						┦
Clive Cliv	NAME	∟ Delete					L Change	e [Addition	
Delete TITLE NAME STREET ADDRESS (-ST-ZIP) E	STREET ADDRESS		STREET ADDRE	ss	*				
NAME EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP Delete TITLE NAME STREET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP Change Addition Addition Addition AME STREET ADDRESS (-ST-ZIP CHANGE STREET ADDRESS (-ST-ZIP) CHANGE CHANGE STREET ADDRESS (-ST-ZIP)					<u></u>		- 41-51		_
STREET ADDRESS (-ST-ZIP E CITY-ST-ZIP E NAME STREET ADDRESS (-ST-ZIP E AC Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E AC EET ADDRESS CITY-ST-ZIP E Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TTLE NAME	☐ Delete					Change		
EE Delete TITLE NAME STREET ADDRESS (-ST-ZIP) E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP E NAME STREET ADDRESS CITY-ST-ZIP C Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP C Change Addition NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			ss					
NAME SET ADDRESS (-ST-ZIP) E Delete TITLE NAME STREET ADDRESS (-ST-ZIP) Change Addition Addition STREET ADDRESS (-ST-ZIP) Change Addition Change Addition Change Change City-st-ZIP	XTY-ST-ZIP		CITY-ST-ZIP						
STREET ADDRESS (-ST-ZIP) E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP	ITLE IAME	☐ Delete					☐ Change	Addition]
E TITLE Change Addition AE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS		_	ss					
AE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP								
STREET ADDRESS -ST-ZIP CITY-ST-ZIP	ITLE	☐ Delete					☐ Change	Addition	1
-ST-ZIP CITY-ST-ZIP	IAMÉ TREET ADDRESS			25					
	ITY-ST-ZIP			~					}
thereby 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 local effect as it made under certify that the information	1. I hereby certify that the information supplied with	this filing does not qualify fo	r the exemption :	stated in Sect	tion 119.07(3)(i), Flo	orida Statutes. I f	urther certify that the	information	1

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 truftee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGN

NG MEMBER, MANAGER, OR AUTHORIZED REPRESEN

1/3/03

(239) 403-8513

Daytime Phone #