

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

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90013 029 \*\*\*\*50.00

DOCUMENT # L02000032123

1. Entity Name

MIRA VITA, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2447 SONOMA DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Nokomis FL 34275

City & State

4. FEI Number

Applied For

Not Applicable

Zip

34275

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

A. Richard PATOTE, JR

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

2447 SONOMA DRIVE

City

Nokomis

FL

Zip Code

34275

**DO NOT WRITE  
IN THIS SPACE**

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

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

5/1/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	A. Richard PATOTE, JR	2447 SONOMA DR	Nokomis FL 34275				
MGRM	MICHAEL L. PATOTE	2367 SONOMA DR	Nokomis FL 34275				

**DO NOT WRITE  
IN THIS SPACE**

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:

A. Richard PATOTE, JR

MGRM

5/1/03

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

Date

Daytime Phone #

CR2E083B (12/02)