

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90067 047 ****50.00

DOCUMENT # L03000023134

1. Entity Name
VITAL PROMOTIONS LLC



Principal Place of Business
**1505 SOUTH FIRST STREET
JACKSONVILLE, FL 32250**

Mailing Address
**1505 SOUTH FIRST STREET
JACKSONVILLE, FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
2008

Suite, Apt. #, etc.
2008

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32202

32202

04112004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

Applied For

20-0161337

Not Applicable

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

**GALLAGHER, MONICA
1505 SOUTH FIRST STREET
JACKSONVILLE, FL 32250**

Name

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

400 EAST BAY ST # 2008

City

FL

Zip Code

JACKSONVILLE

32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Delete
NAME **Monica Gallagher**
STREET ADDRESS **400 EAST BAY ST #2008**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

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

7/1/04
Date

904-728-1368
Daytime Phone #