# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 02, 2011**
**Secretary of State**

DOCUMENT# L03000042449

**Entity Name:** CENTER FOR VITAL LIVING LLC

**Current Principal Place of Business:**

5801 PELICAN BAY BLVD.
SUITE 104
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7189
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number: 20-0364289** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACHEN, KEITH
5801 PELICAN BAY BLVD.
SUITE 104
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: FISCHER, ADDISON M
Address: 5801 PELICAN BAY BLVD.
City-St-Zip: NAPLES, FL 34108

Title: MGR
Name: OAKES, FRANCIS A
Address: 5801 PELICAN BAY BLVD.
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: /S/ ADDISON M. FISCHER MGR 02/02/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date