2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90241 024 ***138.75

DOCUMENT # L05000076018

1. Entity Name
VITALE COMPANIES, LLC

Principal Place of Business	Mailing Address
362 FIFTH STREET SOUTH NAPLES FL 34102	300 FIFTH AVE SOUTH SUITE 101 PMB 316 NAPLES FL 34102

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4251 GulfShore Blvd N.		300 Fifth Ave South	
Suite, Apt. #, etc.: 19 B		Suite, Apt. #, etc.: Suite 101 P.M. B 316	
City & State: NAples Fl 34102		City & State: NAples Fl	
Zip: 34102	Country: USA	Zip: 34102	Country: U.S.A

4. FEI Number 20-4857509 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VITALE, JOSEPHINE
362 FIFTH STREET SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name: Josephine Vitale
Street Address (P.O. Box Number is Not Acceptable): 4251 GulfShore Blvd N. #19B
City: NAples FL Zip Code: 34102

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] DATE 3-11-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☑ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	VITALE, JOSEPHINE		NAME	VITAle, Josephine	
STREET ADDRESS	362 FIFTH STREET SOUTH		STREET ADDRESS	4251 GulfShore Blvd N. #19B	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	NAples Fl 34102	
TITLE	P	☑ Delete	TITLE	P	☑ Change ☐ Addition
NAME	VITALE, JOSEPHINE		NAME	VitAle Josephine	
STREET ADDRESS	362 FIFTH STREET SOUTH		STREET ADDRESS	4251 GulfShore Blvd N #19B	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	NAples, Fl 34102	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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] 3-11-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #