

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095088

Entity Name: VITA NOVA VILLAGE, LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1800 SOUTH AUSTRALIAN AVENUE  
SUITE 301  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SOUTH AUSTRALIAN AVENUE  
SUITE 301  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 65-0298299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VITA NOVA, INC.  
1800 SOUTH AUSTRALIAN AVENUE  
SUITE 301  
WEST PALM BEACH, FL 33409 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: CEO  
Name: VITA NOVA, INC  
Address: 1800 SOUTH AUSTRALIAN AVENUE, SUITE 205  
City-St-Zip: WEST PALM BEACH, FL 33409 US

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 Statutes.

SIGNATURE: IRVINE NUGENT

CEO

01/06/2012

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