

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000109830

Entity Name: VITA NOVA VILLAGE II, LLC

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1800 SOUTH AUSTRALIAN AVENUE  
SUITE 205  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

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

**Current Mailing Address:**

1800 SOUTH AUSTRALIAN AVENUE  
SUITE 205  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

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

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 205  
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: IRVINE NUGENT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: VITA NOVA, INC.  
Address: 1800 SOUTH AUSTRALIAN AVENUE #301  
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

09/26/2011

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