2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jul 03, 2006 8:00 am

DOCUMENT # L05000115362						Secretary of State 05-09-2006 90011 032 ****50.00				
VITALITY HOLDINGS LLC										
Principal Place	e of Business	s	· · · · · · · · · · · · · · · · · · ·	Ĭ						
410 MERIDIA		_	410 MERIDIAN AVE.			}				
MIAMI BEAC	:H FL 3313	9	MIAMI BEACH FL 331	MIAMI BEACH FL 33139						
2. Principal Pr	tace of Busin	ness	3. Mailing Address							
Suite, Apr. #, etc.			Suite, Apt. #, etc.				st MOORE	CR2E083		
City & State			City & State			4. FELNUM	507	0888	No	oplied For of Applicable
Zip	p Country		Zip	Country		5. Certificat	te of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current			7. Name an	d Address of New	Registered /	Agent		
LEVINSON, ANDREW MD.					Name					
410	MERIDIA	ANDREW MD. AN AVE. SH FL 33139			Sireet Address (P.O. Box Number is Not Acceptable)					
1		111 6 93 103			City		 		Zip Cod	Α
						<u> </u>				
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 Superation protein reprised open and later distribution. (NOTE Represent April Separative resource effectively) DATE										
FILE NOW!!! FEE IS \$50:00 Make Check Payable to Florida Department of State.										
<u> </u>				٠.	orida Departme ay 1, 2006	nt or State.				
9.		MANAGING MEMB		10.		<u> </u>	ADDITION	S/CHANGES		.
TOTALE	MGRM	WANAGING INCME	7111			ABBITION	3 CONTROLS	☐ Change	Addition	
NAME	LEVINSON	N, ANDREW MD.			- 1					
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CITY-ST-ZIP	ĺ				Y-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP					
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NAME				, NA	ME					
STREET ADDRESS	•			_	REET ADDRESS Y-STAZIP					
CITY-ST-ZIP		the information - August	oth this tilled stone and a wife			ed in Section	119 Florid® Statute	s I further co	rlify that the	information
11. Thereby certify that the information substited with this tiling does not qualify for the exemptions contained in Section 119, Florigh Statutes, I further certify that the information indicated on this report is true and ecclurate and that my signature shall have the same legal effect as if made under eath; that I amya managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.										
himited liability company or the receiver or trusted empowered to execute inscreport as required by Chapter Sue, Flurida Statiques.										