

ANNUAL REPORT

DOCUMENT # L05000117127

1. Entity Name
G'VITALE INTERNATIONAL REALTY, LLC



FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90024 012 ****50.00

Principal Place of Business
8695 COLLEGE PARKWAY, SUITE 118
FORT MYERS, FL 33919

Mailing Address
2511 SE 20TH AVE
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #
2511 SE 20th Ave

3. Mailing Address
Suite, Apt. #, etc.

City & State
CAPE CORAL / FL

City & State
CAPE CORAL / FL

Zip
33904

Country
Lee

08292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3861299
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JULIE G'VITALE
8695 COLLEGE PKWY
SUITE 118
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name Julie G'VITALE

Street Address (P.O. Box Number is Not Acceptable)
2511 SE 20th Ave

City CAPE CORAL FL Zip Code 33904

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

8/29/07

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete

NAME G'VITALE, JULIE A

STREET ADDRESS 8695 COLLEGE PARKWAY, SUITE 118

CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition

NAME JULIE G'VITALE

STREET ADDRESS 2511 SE 20th Avenue

CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/29/07 239-229-9571