


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000050746**


1. Entity Name  
**VITOCORE, LLC**



Principal Place of Business  
**6942 SALAMANCA AVENUE  
 JACKSONVILLE, FL 32217**

Mailing Address  
**6942 SALAMANCA AVENUE  
 JACKSONVILLE, FL 32217**

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WATSON, TODD  
 7785 BAYMEADOWS WAY, SUITE 107  
 JACKSONVILLE, FL 32256**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, TOMMY D.C. TRUSTEE 6942 SALAMANCA AVENUE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, VICKI C TRUSTEE 6942 SALAMANCA AVENUE JACKSONVILLE, FL 32217
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 01/23/08-80043-013 138.75

**DO NOT WRITE IN THIS SPACE**

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:  Tommy Cohen      1/15/08      904-283-7674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #