

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (R)

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90065 009 ***538.75

DOCUMENT # L06000088812

1. Entity Name

VITAL LIFE WORLD, LLC



Principal Place of Business

1388 VIA DE PEPI
BOYNTON BEACH FL 33426

Mailing Address

777 E. ATLANTIC AVE SUITE C2-290
DELRAY BEACH FL 33483



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/08)

4. FEI Number

74-3190930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PILJEK, DAWN
777 E. ATLANTIC AVE SUITE CZ-290
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE C2-290

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PILJEK, DAWN
STREET ADDRESS 777 E. ATLANTIC AVE SUITE CZ-290
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Addition
NAME SUITE C2-290
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME PILJEK, SASA
STREET ADDRESS 777 E. ATLANTIC AVE SUITE CZ-290
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Addition
NAME SUITE C2-290
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #