

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000101823**

1. Entity Name  
**VIBRANT LIFE BAKERY, LLC**



Principal Place of Business  
**757 FURTH RD NW  
PALM BAY, FL 32907 US**

Mailing Address  
**757 FURTH RD NW  
PALM BAY, FL 32907 US**

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



08122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5733736</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**

**SLONIM, DAVID H  
932 S. WICKHAM RD  
W. MELBOURNE, FL 32904**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JOHNSON, NORMAN 2657 CHIMNEY SPRINGS DR. MARIETTA, GA 30062</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PENNINGTON, VINROY 757 FURTH RD. NW PALM BAY, FL 32907</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/11/08-80004-009 143.75

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Vinroy Pennington* **Vinroy Pennington** 9/208