

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096191

**FILED**  
**Jun 26, 2012**  
**Secretary of State**

**Entity Name:** VAL VASILEF VITAL PRODUCTS, LLC

**Current Principal Place of Business:**

515 27TH STREET EAST  
SUITE 7  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

515 27TH STREET EAST  
SUITE 7  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 33-1182532      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASILEF, VAL  
515 27TH STREET EAST  
SUITE 7  
BRADENTON, FL 34208 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** VASILEF, VAL  
**Address:** 515 27TH STREET EAST, SUITE 7  
**City-St-Zip:** BRADENTON, FL 34208

**Title:** MGRM  
**Name:** VASILEF, SUSAN  
**Address:** 515 27TH STREET EAST, SUITE 7  
**City-St-Zip:** BRADENTON, FL 34208

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: VAL VASILEF

MBR

06/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date