

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100795

FILED
Apr 15, 2012
Secretary of State

Entity Name: AVICENA VITALITY PLUS, LLC

Current Principal Place of Business:

865 CASSAT AVE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

865 CASSAT AVE
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 94-3444156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOUMAN, ASIM
865 CASSAT AVENUE
JACKSONVILLE, FL 32205 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: NOUMAN, ASIM
Address: 865 CASSAT AVE
City-St-Zip: JACKSONVILLE, FL 11237 US

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: ASIM NOUMAN

MGRM

04/15/2012

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