

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024720

Entity Name: VITALE, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5970 SW 18TH STREET  
319  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

5970 SW 18TH STREET  
319  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

VOLLARO, LOUIS  
5970 SW 18TH STREET  
319  
BOCA RATON, FL 33433 US

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

LOWAN CORPORATION  
5970 SW 18TH STREET  
319  
BOCA RATON, FL 33433 US

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: LOWAN CORPORATION

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VITALE, FRANK  
Address: 34 MEAGAN LOOP  
City-St-Zip: STATEN ISLAND, NY 10307

Title: MGR  
Name: LOWAN CORPORATION  
Address: 5970 SW 18TH STREET 319  
City-St-Zip: BOCA RATON, FL 33433

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: LOWAN CORPORATION

MGRM

03/20/2012

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