

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028878

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** VITAL 8 HEALTH & WELLNESS EDUCATION SERVICES, LLC

**Current Principal Place of Business:**

13500 NE 3RD CT  
APT. 317  
N. MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

13500 NE 3RD CT  
APT. 317  
N. MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 27-2183447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

APPOLON, MERICIA  
13500 NE 3RD CT  
APT. 317  
MIAMI, FL 33138 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:** P  
**Name:** APPOLON, MERICIA  
**Address:** 13500 NE 3RD CT APT. 317  
**City-St-Zip:** N.MIAMI, FL 33161

**Title:** VP  
**Name:** FRAZIER, EARL  
**Address:** 135013500 NE 3RD CT APT. 317  
**City-St-Zip:** N. MIAMI, FL 33161

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:** MERICIA APPOLON

P

03/11/2012

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