

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126462

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** VITRUVIAN LIFE TISSUE BANK, LLC

**Current Principal Place of Business:**

1802 NORTH ALAFAYA TRAIL, SUITE 156  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

1802 NORTH ALAFAYA TRAIL, SUITE 156  
ORLANDO, FL 32826

**New Mailing Address:**

**FEI Number:** 45-3684365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAMMINO, STEPHANIE  
1802 NORTH ALAFAYA TRAIL, SUITE 156  
ORLANDO, FL 32826 US

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

MAMMINO, STEPHANIE J  
1802 NORTH ALAFAYA TRAIL, SUITE 156  
ORLANDO, FL 32826 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: STEPHANIE J. MAMMINO

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAMMINO, STEPHANIE J  
Address: 14293 NW 159TH LANE  
City-St-Zip: ALACHUA, FL 32615

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: STEPHANIE J. MAMMINO

MGRM

05/01/2012

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