

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138425

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** SKY VITAMINS, LLC

**Current Principal Place of Business:**

19451 AMBASSADOR COURT  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1000 BRICKELL AVENUE, SUITE 300  
MIAMI, FL 33131

**New Mailing Address:**

19451 AMBASSADOR COURT  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 45-4071301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVENUE, SUITE 300  
MIAMI, FL 33131 US

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

BERNSTEIN, NEIL  
19451 AMBASSADOR COURT  
NORTH MIAMI BEACH, FL 33179 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: NEIL BERNSTEIN

03/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BERNSTEIN, NEIL  
Address: 19451 AMBASSADOR COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR  
Name: SCHWARTZBARD, JULIE  
Address: 19451 AMBASSADOR COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: DANIEL VICTORY

CNTR

03/12/2012

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