

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -6 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001429

1. Entity Name
VITAL FREQUENCY, LLC

Principal Place of Business

27 FLETCHER AVENUE
SARASOTA FL 34237

Mailing Address

27 FLETCHER AVENUE
SARASOTA FL 34237-6017

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Fee Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID
27 FLETCHER AVENUE
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR WITHERS, DELARAN
STREET ADDRESS 4407 OLD BRADENTON ROAD
CITY- ST- ZIP SARASOTA FL 34234 ☐ Delete

TITLE NAME MGR DERR, KATHERINE
STREET ADDRESS 2498 TEMPLE STREET
CITY- ST- ZIP SARASOTA FL 34239 ☐ Delete

TITLE NAME MGR FETTERMAN, PAMELA
STREET ADDRESS 1056 CITRUS AVENUE
CITY- ST- ZIP SARASOTA FL 34236 ☐ Delete

TITLE NAME MGR BIANCHI, DEBBIE
STREET ADDRESS 1003 68TH AVENUE WEST
CITY- ST- ZIP BRADENTON FL 34207 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Pam Fetterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)