

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000004214

Entity Name: VITA INSTITUTE, LLC

Current Principal Place of Business:

4520 OAKELLER AVENUE #130436
TAMPA, FL 33681

Current Mailing Address:

POST OFFICE BOX 130436
TAMPA, FL 33681

FEI Number: 35-2433402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBBINS, WENDY M
4520 OAKELLER AVENUE #130436
TAMPA, FL 33681 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name ROBBINS, WENDY M
Address 4520 OAKELLER AVENUE #130436
City-State-Zip: TAMPA FL 33681

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDY M ROBBINS

MANAGER

04/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date