

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000096223

Entity Name: VITAL LIFE INSTITUTE, LLC

Current Principal Place of Business:

1618 MAIN ST
SARASOTA, FL 34236

Current Mailing Address:

1618 MAIN ST
SARASOTA, FL 34236 UN

FEI Number: 46-0649252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILKINS, WILLIAM DR.
1618 MAIN ST
SARASOTA, FL 34236 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: WILLIAM WILKINS

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name WILKINS, WILLIAM DR.
Address 1618 MAIN ST
City-State-Zip: SARASOTA FL 34236

Title AMBR
Name WILKINS, JENNY P DR.
Address 1618 MAIN ST
City-State-Zip: SARASOTA FL 34236

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM WILKINS

AMBR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date