

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000011465

Entity Name: ULTIMATE VITALITY PARTNERS, LLC

Current Principal Place of Business:

201 8TH STREET SOUTH #307
NAPLES, FL 34102

Current Mailing Address:

201 8TH STREET SOUTH #307
NAPLES, FL 34102 US

FEI Number: 46-1945666

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, LINELL
201 8TH STREET SOUTH #307
NAPLES, FL 34102 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: LINELL KING

04/23/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KING, LINELL
Address 180 SHARWOOD DRIVE
City-State-Zip: NAPLES FL 34110

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: LINELL KING

MANAGER

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date