

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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

06/08/2017

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

MGR

06/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date