

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000064050

**Entity Name:** KIMIA VITA, LLC

**Current Principal Place of Business:**

2413 BAYSHORE BLVD  
APT 1605  
TAMPA, FL 33629

**Current Mailing Address:**

2413 BAYSHORE BLVD  
APT 1605  
TAMPA, FL 33629

**FEI Number:** 82-0925853

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEKREY, KIMBERLEE  
2413 BAYSHORE BLVD  
APT 1605  
TAMPA, FL 33629 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            AMBR  
Name            DEKREY, KIMBERLEE  
Address        2413 BAYSHORE BLVD APT 1605  
City-State-Zip: TAMPA FL 33629

Title            AMBR  
Name            LAVERY, MIA  
Address        255 EVERNIA ST APT 1412  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MIA LAVERY

AMBR

04/30/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date