

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098129

**Entity Name:** VECTOR VITALE IP, LLC

**Current Principal Place of Business:**

3363 NE 163 STREET  
SUITE 708 D  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

3363 NE 163 STREET  
SUITE 708 D  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KEIFITZ, MIKHAEL E ESQ  
3363 NE 163 STREET  
SUITE 708  
NORTH MIAMI BEACH, FL 33160 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 TEMNIKOV, MAXIM  
Address 3363 NE 163 STREET ,SUITE 708D  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** TEMNIKOV , MAXIM

MGRM

03/13/2018

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

\_\_\_\_\_  
Date