

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000265859

Entity Name: VITALVACATION LLC**Current Principal Place of Business:**3083 JULIET DRIVE
KISSIMMEE, FL 34746**Current Mailing Address:**8865 COMMODITY CIRCLE
UNIT 11, STE 101
ORLANDO, FL 32819 US**FEI Number:** 83-2580040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**US TAX CONSULTING INC
5401 S KIRKMAN RD
STE 135
ORLANDO, FL 32819 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	BOSCON, GUSTAVO A
Address	RUA IVASN JOSE VALVERDE, 177
City-State-Zip:	OLIMPIA, SP 15400-000

Title	AMBR
Name	FERREIRA DE OLIVEIRA, CASSIANO
Address	AVENIDA 3, 2838
City-State-Zip:	BARRETOS 14781-202

Title	AMBR
Name	CELERI, JOSEGUERI
Address	RUA EUGENIO BAMPA, 679
City-State-Zip:	BARRETOS 14781-202

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: GUSTAVO A BOSCON

AMBR

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date