

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000203242

**Entity Name:** STEFFON VITALITY, LLC.

**Current Principal Place of Business:**

601 UNIVERSITY BLVD.  
208  
JUPITER, FL 33458

**Current Mailing Address:**

1888 CRAFTON RD.  
NORTH PALM BEACH, FL 33408 US

**FEI Number: 84-3951939**

**Certificate of Status Desired:** Yes

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

STEFFON, CONNIE  
1888 CRAFTON RD.  
NORTH PALM BEACH, FL 33408 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 MEMBER MANAGER  
Name STEFFON, CONNIE  
Address 1888 CRAFTON RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

*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: CONNIE STEFFON** \_\_\_\_\_

**MEMBER MANAGER**

**01/17/2020**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date