

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000521260

**Entity Name:** STASIS VITALITY, LLC

**Current Principal Place of Business:**

5799 BRADFORDVILLE RD.  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

5799 BRADFORDVILLE RD.  
TALLAHASSEE, FL 32309

**FEI Number:** 33-4486170

**Certificate of Status Desired:** No

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

SNYDER, KRISTA K  
5799 BRADFORDVILLE RD.  
TALLAHASSEE  
FL, FL 32309 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	MGR	Title	AP
Name	SNYDER, KRISTA K	Name	SNYDER, ERIC L
Address	5799 BRADFORDVILLE RD	Address	5799 BRADFORDVILLE RD.
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309

*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:** KRISTA K SNYDER

**SOLE MEMBER**

**04/09/2025**

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

\_\_\_\_\_  
Date