

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069695

FILED
Mar 22, 2009
Secretary of State

Entity Name: SPECIALTY NUTRITION PRODUCTS, LLC

Current Principal Place of Business:

1055 SW 11TH ST
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

PO BOX 847
BOCA RATON, FL 33429

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET, SUITE 400
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: LORENZI, IRINA PRES
Address: ONE SOUTH OCEAN BLVD, SUITE 300
City-St-Zip: BOCA RATON, FL 33432 US

Title: PRES () Delete
Name: LORENZI, IRINA PRES
Address: 1055 SW 11TH STREET
City-St-Zip: BOCA RATON, FL 33486 US

Title: CHR () Delete
Name: HORN, GREG
Address: 2971 NE 27TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: LORENZI, IRINA PRES
Address: POI BOX 847
City-St-Zip: BOCA RATON, FL 33429 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: IRINA LORENZI

PRES

03/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date