

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000105984

**FILED**  
**Dec 01, 2011**  
**Secretary of State**

**Entity Name:** NUTSA LLC

**Current Principal Place of Business:**

6490 METROWEST BLVD  
809  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

6490 METROWEST BLVD  
809  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 27-3667272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UGREKHELIDZE, IRAKLI  
6490 METROWEST BLVD  
809  
ORLANDO, FL 32835 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:** MR  
**Name:** UGREKHELIDZE, IRAKLI  
**Address:** 6490 METROWEST BLVD #809  
**City-St-Zip:** ORLANDO, FL 32835 OR

**Title:** MR  
**Name:** UGREKHELIDZE, DAVID  
**Address:** 3030 BARRYMORE CT  
**City-St-Zip:** ORLANDO, FL 32835

I hereby 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:** D. UGREKHELIDZE

EMNG

12/01/2011

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