File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 26 PM 5:09

FILING FEE $ 188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000001232

U.S. NUTRACEUTICALS, L.L.C.
% FCS HOLDINGS, INC.
1616 SOUTH 14TH STREET
LEESBURG FL 34748

1a. Principal Place of Business Address
% FCS HOLDINGS, INC.
1616 SOUTH 14TH STREET
LEESBURG FL 34748

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
		07/27/1998	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☒ Applied For ☐ Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required ☐
Zip / Country	Zip / Country		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
SIMPSON, S. RANDOLPH III 1616 SOUTH 14TH STREET LEESBURG FL 34748	Name Street Address (P.O. Box Number is Not Acceptable) 400001286072A-1 Suite, Apt. #, etc -05/03/99 -01131--015 ****188.75 ****188.75 City FL / Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FCS HOLDINGS, INC.	1616 SOUTH 14TH STREET	LEESBURG FL

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: FCS HOLDINGS, INC. Wm Reid Darnell WM REID DARNELL 4/20/99 352 787 0608
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MAKING FILING — DATE — DAYTIME TELEPHONE #
SECRETARY

INHSE10 R (12-98)