## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000002764

Entity Name: NBTY MANUFACTURING, LLC

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2100 SMITHTOWN AVENUE RONKONKOMA, NY 11779

Current Mailing Address: New Mailing Address:

2100 SMITHTOWN AVENUE RONKONKOMA, NY 11779

FEI Number: 11-3602075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

MANAGING MEMBERS/MANAGERS:

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

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES:

Title: P () Delete Title: P (X) Change () Addition

Name: LOONEY, JOSEPH Name: PARKIDEH, DAN
Address: 2100 SMITHTOWN AVENUE Address: 2100 SMITHTOWN AVENUE

Address: 2100 SMITHTOWN AVENUE Address: 2100 SMITHTOWN AVENUE City-St-Zip: RONKONKOMA, NY 11779 US City-St-Zip: RONKONKOMA, NY 11779 US

Title: SMGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LINDGREN, HANS
 Name:

 Address:
 2100 SMITHTOWN AVENUE
 Address:

 City-St-Zip:
 RONKONKOMA, NY 11779 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGR (X) Change ( ) Addition

Name: KAMIL, HARVEY Name: KAMIL, HARVEY

 Address:
 2100 SMITHTOWN AVENUE
 Address:
 2100 SMITHTOWN AVENUE

 City-St-Zip:
 RONKONKOMA, NY 11779
 City-St-Zip:
 RONKONKOMA, NY 11779

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: HANS LINDGREN MGR 01/08/2009