

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90648 020 \*\*\*\*50.00

DOCUMENT # L00000008061

1. Entity Name  
ATLANTIC NUTRITION CENTERS, L.L.C.



Principal Place of Business  
1844B S. OCEAN SHORE  
FLAGLER BEACH, FL 32136

Mailing Address  
1844B S. OCEAN SHORE  
FLAGLER BEACH, FL 32136

2. Principal Place of Business  
210 Moody Blvd

3. Mailing Address  
2711 N. Halifax

City & State  
Dayton Beach Fla  
Zip  
32136  
Country  
U.S.

City & State  
Dayton Beach Fla  
Zip  
32118  
Country  
U.S.



05092005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
42-1550442  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

EPITROPOULOS, MICHAEL  
2711 N. HALOFAX DR.  
DAYTONA BEACH, FL 32118

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EPITROPOULOS, MICHAEL  
2340 S. OCEANSHORE  
FLAGLER BEACH, FL 32136 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Epitropoulos Michael  
2711 N. Halifax #292  
Daytona Beach, Fla 32118 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

*M Epitropoul*