

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000007254

**Entity Name:** MAMI NUTRACEUTICALS LLC

**Current Principal Place of Business:**

8374 MARKET STREET  
459  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8374 MARKET STREET  
459  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 80-0775832

**Certificate of Status Desired:** Yes

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

DELUCIA, JON  
8131 LAKEWOOD MAIN ST  
SUITE 205  
BRADENTON, FL 34202 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name DELUCIA, JON  
Address 2207 MONACO VISTA DRIVE #104  
City-State-Zip: TAMPA FL 33619

Title MGRM  
Name MICHELON, BILL  
Address 7927 TYBEE CT  
City-State-Zip: BRADENTON FL 34201

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BILL MICHELON

**PARTNER**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date