

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000017008

**Entity Name:** XTREME PERFORMANCE SUPPLEMENTS L.L.C.

**Current Principal Place of Business:**

900 SW PINE ISLAND RD  
SUITE 108  
CAPE CORAL, FL 33991

**Current Mailing Address:**

900 SW PINE ISLAND RD  
SUITE 108  
CAPE CORAL, FL 33991 US

**FEI Number:** 46-2661455

**Certificate of Status Desired:** No

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

VITIELLO, ANTHONY C  
2619 NW 10TH TER.  
CAPE CORAL, FL 33993 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 MGR  
Name GONZALEZ, RENE M  
Address 1122 HANCOCK BRIDGE PKWY  
City-State-Zip: CAPE CORAL FL 33990

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RENE M GONZALEZ

**MANAGING MEMBER**

**04/29/2015**

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

\_\_\_\_\_  
Date