

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000074853

Entity Name: NUTRITIONAL SUPPLEMENT SOLUTIONS, LLC

Current Principal Place of Business:

14771 BALTUSROL DRIVE
ORLANDO, FL 32828

Current Mailing Address:

2904 SW 132ND TERRACE
ARCHER, FL 32618 US

FEI Number: 46-5427614

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOPKINS, THOMAS A
14771 BALTUSROL DRIVE
ORLANDO, FL 32828 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 HOPKINS, THOMAS A
Address 14771 BALTUSROL DRIVE
City-State-Zip: ORLANDO FL 32828

Title MGRM
Name NADKARNI, ATUL D
Address 1059 MISTY HOLLOW LANE
City-State-Zip: TARPON SPRINGS FL 34688

Title MGRM
Name NADKARNI, SHAMAL D
Address 2904 SW 132ND TERRACE
City-State-Zip: ARCHER FL 32618

Title MGRM
Name ABERNATHY, JOHN
Address 1026 SW 2ND AVE
City-State-Zip: GAINESVILLE FL 32601

Title MGRM
Name ALVAREZ, ALEJANDRO
Address 617 PALERMO AVE
City-State-Zip: CORAL GABLES FL 33134

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: THOMAS A HOPKINS

MANAGER

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date