

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000126257

**Entity Name:** MENS PERFORMANCE HEALTH SA LLC

**Current Principal Place of Business:**

7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634

**Current Mailing Address:**

7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TERENZI, TERENCE  
7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634 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 TTMPH LLC  
Address 7122 PELICAN ISLAND DRIVE  
City-State-Zip: TAMPA FL 33634

Title MGR  
Name KLS SA LLC  
Address 7122 PELICAN ISLAND DRIVE  
City-State-Zip: TAMPA FL 33634

*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:** /S/ TERENCE TERENZI

**MEMBER**

**04/30/2014**

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

\_\_\_\_\_  
Date