

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000096534

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC0170856884**

**Entity Name:** AVANTI NUTRITIONAL LABORATORIES LLC

**Current Principal Place of Business:**

14050 PALMETTO FRONTAGE ROAD  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

14050 PALMETTO FRONTAGE ROAD  
MIAMI LAKES, FL 33016 US

**FEI Number:** 36-4788908

**Certificate of Status Desired:** No

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

GOMEZ, ADOLFO  
14050 PALMETTO FRONTAGE ROAD  
MIAMI LAKES, FL 33016 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	Title	AMBR
Name	ASCENT LABORATORIES	Name	XENON HOLDINGS LLC
Address	1580 SAWGRASS CORPORATE PARKWAY, SUITE 130	Address	1580 SAWGRASS CORPORATE PARKWAY, SUITE 130
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** ADOLFO L. GOMEZ

**PRESIDENT**

**03/03/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date