2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90648 020 ****50.00

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1. Entity Name
ATLANTIC NUTRITION CENTERS, L.L.C.

Principal Place of Business	Mailing Address
1844B S. OCEAN SHORE FLAGLER BEACH, FL 32136	1844B S. OCEAN SHORE FLAGLER BEACH, FL 32136

05092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
210 Moody Blvd	2711 N. HalifAX
Suite, Apt. #, etc.	Suite, Apt. #, etc. #292
City & State: Flagler Beach Fla	City & State: Daytona Beach Fla
Zip: 32136 Country: U.S.	Zip: 32118 Country: U.S

4. FEI Number 42-1550442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

EPITROPOULOS, MICHAEL
2711 N. HALOFAX DR.
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPITROPOULOS, MICHAEL 2340 S. OCEANSHORE FLAGLER BEACH, FL 32136	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Epitropoulos Michael 2711 N. HaloFAX #292 Daytona Beach, Fla 32118	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: M Epitropoul