APPROVED AND FILED

03 OCT 17 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008061

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

Connection 1844B

Principal Place of Business	Mailing Address
1840 S. OCEAN SHORE FLAGLER BEACH, FL 32136	1844B → 1840 S. OCEAN SHORE FLAGLER BEACH, FL 32136

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1844 B. S. Oceanshore Suite, Apt. #, etc.
City & State: Flagler Beach,	City & State: Florida
Zip: 32136 Country: U.S.	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
EPITROPOULOS, MICHAEL 2340 S. OCEANSHORE FLAGLER BEACH, FL 32136	Name: ~~Epitropoulos, Michael~~ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/17/03--01029--001 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200023872392 10/17/03--01029--001 **50.00
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CR2E083 (10/02)

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 Epitropoulos 10/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #