

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000244

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: G.P. NUTRITION ASSOCIATES,LLC

**Current Principal Place of Business:**

1077 NW 116TH AVE.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1077 NW 116TH AVE.  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

P.O. BOX 772328  
CORAL SPRINGS, FL 33077

FEI Number: 03-0381438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARAY, LISA K  
8209 NORTH PINE ISLAND ROAD  
PMB #39  
TAMARAC, FL 33321 US

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

GARAY, LISA K  
1077 NW 116TH AVE  
CORAL SPRINGS, FL 33071 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:

01/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARAY, LISA K  
Address: 8209 NORTH PINE ISLAND ROAD, PMB #39  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GARAY, LISA K  
Address: 1077 NW 116TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LISA GARAY

MGR

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date