

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000001220

1. Entity Name
ADVANTAGE NUTRACEUTICALS, LLC



FILED

08 NOV -4 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
906 SKIPPER AVENUE
FORT WALTON BEACH, FL 32547 US

Mailing Address
PO BOX 856
SHALIMAR, FL 32579 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-LLC CR2E101 (1/07)

4. FEI Number
01-0574576

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

FLEET, H. BART
1104 EGLIN PARKWAY
SHALIMAR, FL 32579

Name *Thomas E. Nelson*

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

906 Skipper Ave

City *Fort Walton Beach*

FL

Zip Code *32547*

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)

10/27/08

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
NELSON, THOMAS E
4602 SCARLET DRIVE E
CRESTVIEW, FL 32539

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

*1722 Pickens Circle
Baker FL 32531*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

*900137422769
10/29/08--01024--007 **238.75*

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REINSTATEMENT 2008
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/08 *050-420-2531*

Date

Daytime Phone #