2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 16, 2004 8:00 am Secretary of State 02-16-2004 90164 012 ****50.00

DOCUMENT # L03000041916						02-16-2004 90164 012 ****50.00			
1. Entity Name NUTRI DISTRIBUTORS, LLC									
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Principal Place of Business 11312 NW 46TH LANE MIAMI, FL 33178 US		Mailing Address 11312 NW 46TH LANE MIAMI, FL 33178 US		!					
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2. Principal Place of Business		3. Mailing Address					11111 11111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	01062004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numb	ner 705068		pplied For ot Applicable	
Zip	Country	Zip	Count	ry		e of Status Desired	\$5.00 Ad	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New Re			
CORPORA		Į	Name						
1201 HAY	S STREET SSEE, FL 32301			Street Add	ress (P.O. Box Numb	per is Not Acceptable).	•	
				City			Zip Coo	·	
The above	pornod estitutulorite this states and fo	a thousand about it is		,	-1		L. L.		
the obligat	named entity submits this statement follows of registered agent.	i the purpose of changing its i	regisiere	o onice or re	gistered agent, or bo	otn, in the State of Flor	rida. Tam familiar with	, and accept	
SIGNATURE = Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
14.		1	- Inglow	; '	(acquise witer terratoring)				
Fi D	iling Fee Is \$50.00 ue by May 1, 2004					Florida	check payable to Department of Star	te	
9.	MANAGING MEMBE	RS/MANAGERS	10.		* :	ADDITIONS/			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYNTER, WAYNE 11312 NW 46TH LANE MIAMI, FL' 33178	Delete			•		☐ Change	Addition .	
TITLE	MGRM	Delete	TITLE	-:-	, Y , V		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WYNTER, DAHLIA 11312 NW 46TH LANE MIAMI, FL 33178	. # *	E .	ET ADDRESS ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE	WIAWI, FL 33176	Delete	TILE				- Change	☐ Addition	
**NAME	. The same was to find a sure was a sure	المناسب المناسبين المناسب المناسب	, ANAME	is ₃₅ 2 - 1 ₅₅	ليس يالان ليستدي				
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TITLE		☐ Delete	TITLE	1			Change	Addition	
NAME Street Address City-St-Zip		-		et address St-zip	• 14				
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	-,	,	NAME STREE	T ADDRESS	•				
CITY-ST-ZIP		<u> </u>		ST-ZIP		<u>.1</u> , , ,			
TITLE NAME	10 m	Delete	TITLE			-	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	·	า เลขาก ใส่สตุก เมื่อ เรา		T ADDRESS ST-ZIP	the second	grande gar			
11. I hereby o	certify that the information supplied with on this report is true and accurate and		the exem	nption stated			further certify that the i	nformation er of the	
limited lia	billity company or the receiver or trustee	empowered to execute this re	eport as	required by (Chapter 608, Florida	Statutes.			
SIGNAT	URE: Wito	Tally to the	• •	14.4	3	1.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Distribution of Dis									