

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042580

FILED  
Jul 08, 2004  
Secretary of State

**Entity Name:** DIVINE HEALTH & NUTRITION "LLC"

**Current Principal Place of Business:**

15434 POND WOODS DR.  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

15434 POND WOODS DR.  
TAMPA, FL 33618 US

**New Mailing Address:**

3913 SHORE SIDE CR.  
TAMPA, FL 33624 US

**FEI Number:** 75-3137158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARYDIS, TRUDY J  
15434 POND WOODS DR.  
TAMPA, FL 33618 US

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

KARYDIS, TRUDY J  
3913 SHORE SIDE CR.  
TAMPA, FL 33624 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:**

07/08/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KARYDIS, TRUDY J  
Address: 15434 POND WOODS DR.  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR ( ) Delete  
Name: KARYDIS, VICTOR  
Address: 15434 POND WOODS DR.  
City-St-Zip: TAMPA, FL 33618 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** TRUDY KARYDIS

PRES

07/08/2004

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