2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State
04-19-2005 90027 005 ****50.00

DOCUMENT # L04000026500

1. Entity Name
NUTRITIONAL CONSULTANTS & MANAGEMENT SERVICES, LLC

Principal Place of Business	Mailing Address
2207 PAVILLION PLACE BRANDON, FL 33511-6923	2207 PAVILLION PLACE BRANDON, FL 33511-6923
2. Principal Place of Business: 3030 Minuteman Ln	3. Mailing Address: 3030 Minuteman Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon FL	City & State: Brandon FL
Zip: 33511 Country:	Zip: 33511 Country:

30005974

04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0990882 ☐ 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
CARRENO, MICHAEL 2207 PAVILLION PLACE BRANDON, FL 33511-6923	Name: Street Address (P.O. Box Number is Not Acceptable): 3030 Minuteman Ln City: Brandon FL Zip Code: 33511

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: Michael Carreno DATE: 4-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Michael Carreno 3030 Minuteman LN Brandon FL 33511 ☐ 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
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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: Michael Carreno, Managing Member 4-14-05 813-630-5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #