

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035668

Entity Name: FLA NUTRITION LLC

FILED  
Jul 03, 2006  
Secretary of State

**Current Principal Place of Business:**

12123 HIDDEN LINKS DR.  
FT. MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

12123 HIDDEN LINKS DR.  
FT. MYERS, FL 33913

**New Mailing Address:**

FEI Number: 20-1183315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DOUGHERTY, ERIN  
Address: 9698 BAY HARBOR CIRCLE, SUITE 201  
City-St-Zip: FT. MYERS, FL 33919

Title: ST ( ) Delete  
Name: DOUGHERTY, ERIN  
Address: 9698 BAY HARBOR CIRCLE, SUITE 201  
City-St-Zip: FT. MYERS, FL 33919

**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 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: ERIN DOUGHERTY

MR.

07/03/2006

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