

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000079061

**Entity Name:** NUTRA PHARM LLC

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17036 COLLINS AVENUE  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17036 COLLINS AVENUE  
MIAMI, FL 33160

**New Mailing Address:**

17036 COLLINS AVENUE  
SUNNY ISLES, FL 33160

**FEI Number:** 20-1826057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BELKIN, MARY  
17036 COLLINS AVENUE  
MIAMI, FL 33160 US

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

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: MARY BELKIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BELKIN, MARY  
Address: 17036 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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: MARY BELKIN

MGRM

10/03/2011

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