


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90291 027 ****55.00

DOCUMENT # L04000082933

1. Entity Name
MEDICAL NUTRITION CONSULTING, LLC



Principal Place of Business
**1108 COASTAL CIR.
 OCOEE, FL 34761**

Mailing Address
**1108 COASTAL CIR.
 OCOEE, FL 34761**

20021674



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

02162005 Chg-LLC CR2E083 (10/03)

4. FEI Number
593793383

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, TASSINARI, SUSAN
1108 COASTAL CIR.
OCOEE, FL 34761

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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

TITLE **MGR** Delete
 NAME **SMITH TASSINARI, SUSAN**
 STREET ADDRESS **1108 COASTAL CIR.**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE **MGRM** Delete
 NAME **TASSINARI, DAVID EDWARD**
 STREET ADDRESS **1108 COASTAL CIR.**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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: DAVID EDWARD TASSINARI **3/13/05** **407-654-6531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #