

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082933

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** MEDICAL NUTRITION CONSULTING, LLC

**Current Principal Place of Business:**

155 CARRIAGE DRIVE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

155 CARRIAGE DRIVE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 59-3793383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SMITH TASSINARI, SUSAN  
155 CARRIAGE DRIVE  
CRAWFORDVILLE, FL 32327 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH TASSINARI, SUSAN  
Address: 155 CARRIAGE DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM  
Name: TASSINARI, DAVID EDWARD  
Address: 155 CARRIAGE DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: SUSAN S. TASSINARI

MGR

04/13/2010

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