

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000091849

**Entity Name:** NUTRITION COACHES, LLC

**FILED**  
**Oct 03, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1710 WELLS ROAD  
728  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 65668  
ORANGE PARK, FL 32065

**New Mailing Address:**

PO BOX 426  
ORANGE PARK, FL 32067

**FEI Number:** 20-2037990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, JUANA B  
1710 WELLS ROAD  
728  
ORANGE PARK, FL 32073 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: JUANA BROWN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BROWN, JUANA M  
Address: PO BOX 65668  
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM  
Name: BURGOHY, ANTONIO E  
Address: 2039 45TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

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: JUANA BROWN

MGR

10/03/2013

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