

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000030662

Entity Name: H&H2 NUTRITION LLC

FILED  
Jun 04, 2007  
Secretary of State

## Current Principal Place of Business:

8651 WESLEYAN DR., APT. 2820  
FORT MYERS, FL 33919

## Current Mailing Address:

8651 WESLEYAN DR., APT. 2820  
FORT MYERS, FL 33919

## New Principal Place of Business:

5620 STRAND BLVD.  
#2  
NAPLES, FL 34110 US

## New Mailing Address:

15751 PRENTISS POINTE  
UNIT #102  
FORT MYERS, FL 33908

FEI Number: 20-2520158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

FRANK, JOE  
1529 MANCHESTER BLVD.  
FORT MYERS, FL 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: JOE FRANK

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HERLEY, WADE  
Address: 8651 WESLEYAN DR., APT. 2820  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: HESSE, RYAN  
Address: 1529 SW 53RD LANE  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HERLEY, WADE  
Address: 15751 PRENTISS POINTE UNIT #102  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM (X) Change ( ) Addition  
Name: HESSE, RYAN  
Address: 15880 SUMMERLIN RD SUITE #301  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: WADE HERLEY

MGRM

06/04/2007

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