

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036582

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: NUTRITIONAL DREAMS, LLC

## Current Principal Place of Business:

6161 DR. MLK JR. ST. N  
#201  
ST. PETERSBURG, FL 33703

## New Principal Place of Business:

6408 DR. MLK JR. STREET NORTH  
ST. PETERSBURG, FL 33702

## Current Mailing Address:

6161 DR. MLK JR. ST. N  
#201  
ST. PETERSBURG, FL 33703

## New Mailing Address:

6408 DR MLK JR. STREET NORTH  
ST. PETERSBURG, FL 33702

FEI Number: 11-3750491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLACK-CAPORALE, KYMBERLY  
8345 MACOMA DRIVE NE  
ST. PETERSBURG, FL 33702 US

## Name and Address of New Registered Agent:

BLACK-CAPORALE, KYMBERLY  
6408 DR. MLK JR. STREET NORTH  
ST. PETERSBURG, FL 33702 US

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: K BLACK-CAPORALE

03/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BLACK-CAPORALE, KYMBERLY  
Address: 8345 MACOMA DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33702

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BLACK-CAPORALE, KYMBERLY  
Address: 6408 DR. MLK JR. STREET N  
City-St-Zip: ST. PETERSBURG, FL 33702

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: K BLACK-CAPORALE

MGR

03/24/2008

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