2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094435

Entity Name: NUTRITION S'MART, LLC

Current Principal Place of Business:	**New Principal Place of Business:**

4155 NORTHLAKE BOULEVARD
SUITE B
PALM BEACH GARDENS, FL 33410

Current Mailing Address:	**New Mailing Address:**

4155 NORTHLAKE BOULEVARD
SUITE B
PALM BEACH GARDENS, FL 33410

FEI Number: 20-3585572   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

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

NSM SERVICES, INC.
4155 NORTHLAKE BOULEVARD
SUITE B
PALM BEACH GARDENS, FL 33410 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: _____

       Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM
Name:	NUTRITION S'MART OF PALM BEACH, LLC
Address:	4155 NORTHLAKE BOULEVARD STE.B
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US

Title:	MGRM
Name:	NUTRITION S'MART OF PEMBROKE PINES, LLC
Address:	12594 PINES BOULEVARD
City-St-Zip:	PEMBROKE PINES, FL 33027 US

Title:	MGRM
Name:	NUTRITION S'MART OF TAMPA, LLC
Address:	14847 DALE MABRY HIGHWAY
City-St-Zip:	TAMPA, FL 33618

Title:	MGRM
Name:	NUTRITION S'MART OF PORT ST. LUCIE, LLC
Address:	464 SW PORT ST. LUCIE BLVD
City-St-Zip:	PORT ST. LUCIE, FL 34953 US

Title:	MGRM
Name:	NUTRITION S'MART OF NEW TAMPA, LLC
Address:	1821 BRUCE B. DOWNS BLVD. STE 101
City-St-Zip:	WESLEY CHAPEL, FL 33544 US

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 Statues.

SIGNATURE: EDUARDO GRUVMAN   MGR   02/22/2010

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