

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90033 005 ****50.00

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1. Entity Name
MUSCLE FOODS, LLC



Principal Place of Business
**13217 ROYAL GEORGE AVENUE
ODESSA, FL 33556**

Mailing Address
**13217 ROYAL GEORGE AVENUE
ODESSA, FL 33556**

40070222



2. Principal Place of Business - No P.O. Box # **13217 ROYAL GEORGE AVENUE** 3. Mailing Address **13217 ROYAL GEORGE AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-LLC CR2E083 (12/06)

City & State
ODESSA, FL

City & State
ODESSA, FL

4. FEI Number
55-0910039

Applied For
Not Applicable

Zip
33556

Country
USA

Zip
33556

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARG, MANIN
13217 ROYAL GEORGE AVENUE
ODESSA, FL 33556**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CREATIVE NUTRITIONAL SCIENCES, LTD.
145-157 ST JOHN STREET, 2ND FLOOR
LONDON UK EC1V 4PY UK,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Creative Nutritional Sciences, LTD
by Manin Garg

04/16/2007 727-504-3915