2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000114532

1. Entity Name
BIOCELL NUTRACEUTICALS, LLC

Principal Place of Business	Mailing Address
6457 HAZELTINE NATIONAL DR STE 145 ORLANDO, FL 32822	110 WALT WHITMAN ROAD STE 205 HUNTINGTON STATION, NY 11746

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3885526
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VENEZA, JERRY
9802 TIVOLI VILLA DRIVE
ORLANDO, FL 32829

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000787452
01/17/08-80082-015 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RAMJEET, OSCAR
STREET ADDRESS	5 FOX RUN LANE
CITY-ST-ZIP	LLOYD HARBOR, NY 11743
TITLE	MGR
NAME	KRAMER, JOSEPH M
STREET ADDRESS	206 MARINERS WAY
CITY-ST-ZIP	COPIAGUE, NY 11726
TITLE	MGR
NAME	VENESSA, TITUS
STREET ADDRESS	5622 ELIZABETH ROSE SQUARE
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MGR
NAME	VENEZA, JERRY
STREET ADDRESS	9802 TIVOLI VILLA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 01/14/08 407-282-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #