

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120449

FILED
Feb 06, 2007
Secretary of State

Entity Name: DOCTORS NUTRITIONAL SYSTEMS, LLC

Current Principal Place of Business:

901 LITHIA PINECREST ROAD
BRANDON, FL 33511 US

New Principal Place of Business:

1773 W FLETCHER AVE
TAMPA, FL 33612

Current Mailing Address:

1773 WEST FLETCHER AVE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 01-0852847 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FELDMAN, KELLY
3739 NEPTUNE STREET
TAMPA, FL 33629 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELDMAN, KELLY
Address: 3739 NEPTUNE STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY FELDMAN

MGRM

02/06/2007

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