


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90119 033 ****50.00

DOCUMENT # L06000007628 1. Entity Name NUTRITION S'MART OF TAMPA, LLC							
Principal Place of Business 14847 N. DALE MABRY HWY. TAMPA, FL 33618			Mailing Address 14847 N. DALE MABRY HWY. TAMPA, FL 33618				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		60031668 (L06000007628C) 03192007 Chg-LLC CR2E083 (12/06) 4. FEI Number 65-0858405 <table border="1" style="display: inline-table;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable
Applied For							
Not Applicable							
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 2 SO. BISCAYNE BLVD., 21ST FLOOR MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Eduardo D. Gruvman 4155B Northlake Blvd Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Eduardo D Gruvman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/19/2007 561-694-0644 <small>Date Daytime Phone #</small>				