

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000015938

FILED
Oct 25, 2008
Secretary of State

Entity Name: NUTRADERM, LLC

Current Principal Place of Business:

3476 SE GLACIER TERRACE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

11670 US HIGHWAY ONE
PALM BEACH GARDENS, FL 33408 US

Current Mailing Address:

3476 SE GLACIER TERRACE
HOBE SOUND, FL 33455 US

New Mailing Address:

11670 US HIGHWAY ONE
PALM BEACH GARDENS, FL 33408 US

FEI Number: 14-1950616 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MADDEN, JOHN W ESQ
789 SOUTH FEDERAL HIGHWAY
SUITE 308
STUART, FL 34994 US

Name and Address of New Registered Agent:

MADDEN, JOHN W ESQ
789 SOUTH FEDERAL HIGHWAY
SUITE 310
STUART, FL 34994 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: JOHN W. MADDEN

10/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, DALE L
Address: 3476 SE GLACIER TERRACE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM () Delete
Name: PARKER, HARRY T
Address: 19415 HARRIS LANE
City-St-Zip: ONANCOCK, VA 23417 US

Title: MGRM () Delete
Name: THOMAS, DON C
Address: 23131 CROSSBEND DRIVE
City-St-Zip: KATY, TX 77494 US

Title: MGRM () Delete
Name: SERRA, JOSE E MD
Address: 4732 SW BRANCH TERRACE
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM () Delete
Name: ERIC, FAIRHURST W
Address: 1028 LONG POINT ROAD
City-St-Zip: GRASONVILLE, MD 21638 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, DALE L
Address: 6204 ISLEWORTH DRIVE
City-St-Zip: GLEN ALLEN, VA 23059 US

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

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

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

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

Title: MGMR () Change (X) Addition
Name: TORRES, OSCAR L
Address: 3909 ST LUCIE SHORES DRIVE
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify 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: DALE L SMITH

MGMR

10/25/2008

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