

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015938

FILED
Apr 20, 2009
Secretary of State

Entity Name: NUTRADERM, LLC

Current Principal Place of Business:

11670 US HIGHWAY ONE
PALM BEACH GARDENS, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

11670 US HIGHWAY ONE
PALM BEACH GARDENS, FL 33408 US

New Mailing Address:

FEI Number: 14-1950616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MADDEN, JOHN W ESQ
900 SE OCEAN BLVD
SUITE 126-C
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:

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, DALE L
Address: 6204 ISLEWORTH DRIVE
City-St-Zip: GLEN ALLEN, VA 23059 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: MGMR () Delete
Name: TORRES, OSCAR L
Address: 3909 ST LUCIE SHORES DRIVE
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES:

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

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

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

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

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

04/20/2009

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