

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017285

Entity Name: NUTRAORGANICS LLC

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

355 TWELVE OAKS DRIVE
SUITE 100
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

355 TWELVE OAKS DRIVE
SUITE 100
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHHAGANLAL, KIRAN
355 TWELVE OAKS DRIVE
SUITE 100
WINTER SPRINGS, FL 32708 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: MGR () Delete
Name: CHHAGANLAL, KIRAN
Address: 355 TWELVE OAKS DRIVE, SUITE 100
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: CHHAGANLAL, LEENA
Address: 355 TWELVE OAKS DRIVE, SUITE 100
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: CHHAGANLAL, TRISHA C
Address: 355 TWELVE OAKS DRIVE, SUITE 100
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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: KIRAN CHHAGANLAL

MGR

03/29/2009

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