

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000054188

Entity Name: VITA NUTRITIONALS, LLC

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

28050 US HIGHWAY 19 N  
SUITE 302  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

509 S. HYDE PARK AVE.  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 20-4935808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KALOUST, DEREK JD,LLM  
509 S. HYDE PARK AVE.  
TAMPA, FL 33606 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  
Name: EDLUND, JAMES A  
Address: 509 S. HYDE PARK AVE.  
City-St-Zip: TAMPA, FL 33602

Title: MGR  
Name: KALOUST, EDWARD  
Address: 509 S. HYDE PARK AVE.  
City-St-Zip: TAMPA, FL 33606

Title: MGR  
Name: ZBELLA, EDWARD  
Address: 509 S. HYDE PARK AVE  
City-St-Zip: TAMPA, FL 33606

I hereby 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: EDWARD ZBELLA

MGR

04/15/2011

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