

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000073440

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

**Entity Name:** NUTRITION S'MART OF PORT ST. LUCIE, LLC

**Current Principal Place of Business:**

4155B NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

464 PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

4155B NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 20-5234901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NSM SERVICES, INC.  
4155 B NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410 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: NSM SERVICES, LLC  
Address: 4155B NORTHLAKE BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: EDUARDO GRUVMAN

MGR

03/15/2011

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