

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000081161

Entity Name: NUTRITION WISE, L.L.C.

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

75 E. INDIANTOWN ROAD, UNIT 608  
JUPITER, FL 33477 US

**New Principal Place of Business:**

**Current Mailing Address:**

75 E. INDIANTOWN ROAD, UNIT 608  
JUPITER, FL 33477 US

**New Mailing Address:**

FEI Number: 26-3725771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OENBRINK, CHERYL A OWNER  
323 LEIGH ROAD  
TEQUESTA, FL 33469 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: MGRM  
Name: OENBRINK, CHERYL A  
Address: 323 LEIGH ROAD  
City-St-Zip: TEQUESTA, FL 33469 US

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: CHERYL A OENBRINK

MGRM

02/16/2011

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