

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100725

FILED
Jan 12, 2009
Secretary of State

Entity Name: NUTRITIONAL THERAPIES, LLC

Current Principal Place of Business:

809 VERONICA COURT
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

120 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

809 VERONICA COURT
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

120 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 20-5720364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE, FL 32901 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: SARACINO, ANTHONY
Address: 809 VERONICA COURT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARACINO, ANTHONY
Address: 120 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: ANTHONY SARACINO

MGR

01/12/2009

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