

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000101498**

1. Entity Name  
**NUTRI FEAST & ART TREAT, LLC**



Principal Place of Business  
**2716 SO. DIXIE HIGHWAY  
SUITE 101 & 102  
WEST PALM BEACH, FL 33405**

Mailing Address  
**242 NINTH STREET  
WEST PALM BEACH, FL 33401**



04302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3231914</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MATIC, LILIANA  
242 NINTH STREET  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Liliana Matic* LILIANA MATIC FOR NUTRI FEAST & ART TREAT LLC 4/30/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM L. MATIC TRUST 242 NINTH STREET WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATIC, LILIANA 242 NINTH STREET WEST PALM BEACH, FL 33401
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05/22/08-80045-023 143.75

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Liliana Matic* LILIANA MATIC 4/30/08 561 201 1158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #