

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113476

FILED  
Jul 19, 2008  
Secretary of State

Entity Name: DISCOUNT VITAMINS PLUS LLC

**Current Principal Place of Business:**

417 WEST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

417 WEST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

FEI Number: 20-5958493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEINRIB, ROBERT  
401 POINCRANO ISLAND DRIVE  
SUNNY ISLES, FL 33160 US

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

WEINRIB, ROBERT  
401 POINCIANA ISLAND DRIVE  
SUNNY ISLES, FL 33160 US

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:

07/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WEINRIB, ROBERT P  
Address: 417 WEST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR ( ) Delete  
Name: WEINRIB, PATRICIA A  
Address: 417 WEST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T ( ) Delete  
Name: WEINRIB, PATRICIA A  
Address: 417 WEST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S ( ) Delete  
Name: WEINRIB, ROBERT P  
Address: 417 WEST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT WEINRIB

MGR

07/19/2008

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

**LO6000113476**

**DISCOUNT VITAMINS PLUS LLC**

**417 WEST HALLANDALE BEACH BOULEVARD**

**HALLANDALE BEACH, FL 33009**

**954-457-4140**

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Attention: Brenda Tadlock

Subject: Document No. LO6000113476

Payment ID#24278392

Dear Ms. Tadlock:

Further to our conversation, I never received corporate renewal information when it was originally sent. I did receive a second request in July and promptly made remittance. Unfortunately, my wife did not realize that there was a \$400 penalty.

I appreciate your consideration in waiving the penalty. I do understand that if the payment was through a charge card, we will receive \$390. It will take about 45 days.

Thank you for your understanding.

Very truly yours,



Robert Weinrib