


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000118232		
1. Entity Name VITAMIN DEPOT ONLINE.COM LLC		

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 DEC 13 PM 2:21

Principal Place of Business 1726 KEARNEY AVENUE NAPLES, FL 34117	Mailing Address 1726 KEARNEY AVENUE NAPLES, FL 34117
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11272012 REIN-LLC CR2E101 (12/11)

4. FEI Number 22-3949415		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRISTER, BRUCE 4528 SNOWY EGRET DR NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

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 _____
Signature, typed or printed name of registered agent Agent signature required when reinstating DATE _____

FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50	Make check payable to Florida Department of State
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BROWN, ROY 1726 KEARNEY AVENUE NAPLES, FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100242399481 12/10/12--01037--009 **30.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BRISTER, DANIEL 1726 KEARNEY AVENUE NAPLES, FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100242399481 12/17/12--01001--002 **208.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT 2012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DEC 14 2012 T. HAMPTON
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ 12-2-12 danbrister@mail.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 DEC 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 13, 2012

VITAMIN DEPOT ONLINE.COM LLC
1726 KEARNEY AVE
NAPLES, FL 34117

SUBJECT: VITAMIN DEPOT ONLINE.COM LLC
Ref. Number: L06000118232

We have received your document for VITAMIN DEPOT ONLINE.COM LLC and check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$208.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II

Letter Number: 212A00029441