

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016980

FILED
Apr 10, 2008
Secretary of State

Entity Name: DR. SIEGAL'S RETAIL NUTRITIONALS, LLC

Current Principal Place of Business:

12254 S.W. 131ST AVENUE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12254 S.W. 131ST AVENUE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 26-2192322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, ROBERT
1200 BRICKELL AVENUE, SUITE 950
C/O STACK FERNANDEZ ANDERSON & HARRIS, P.A
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR () Change (X) Addition
Name: SIEGAL, SANFORD
Address: 7720 SW 102 PLACE
City-St-Zip: MIAMI, FL 33173 US

Title: MR () Change (X) Addition
Name: SIEGAL, MATTHEW
Address: 1002 N QUINTANTA
City-St-Zip: ARLINGTON, VA 22205 US

Title: MRS () Change (X) Addition
Name: SIEGAL, LYNDOL
Address: 7720 SW 102ND PL
City-St-Zip: MIAMI, FL 33173 US

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: DR. SANFORD SIEGAL

MGRM

04/10/2008

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