

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033825

FILED
Aug 05, 2008
Secretary of State

Entity Name: NEXT NUTRACEUTICALS, LLC

Current Principal Place of Business:

1531 N. FEDERAL HWY
SUITE B
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1531 N. FEDERAL HWY
SUITE B
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KRUCHAKOV, ALEKSANDR
2851 NE 183 STREET
APT. # 1603
AVENTURA, 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARZABE, VICTOR
Address: 5984 WILLIAMSPORT DRIVE
City-St-Zip: FLOWERY BRANCH, GA 30542

Title: MGRM () Delete
Name: GOETZ, DEREK
Address: 9509 BAY DRIVE
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: KRUCHAKOV, ALEKSANDR
Address: 2851 NE 183 STREET # 1603
City-St-Zip: AVENTURA, FL 33160

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:

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: VICTOR ARZABE

MGRM

08/05/2008

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