

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043355

**Entity Name:** FITNESS NUTRITION, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4132 BOSTON COURT  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4132 BOSTON COURT  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:** 20-8961567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOHBERG, MICHAEL  
4132 BOSTON CT.  
WESTON, FL 33331 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:** MGR  
**Name:** LOHBERG, MICHAEL  
**Address:** 4132 BOSTON COURT  
**City-St-Zip:** WESTON, FL 33331

**Title:** MGR  
**Name:** MONAGHAN, BRUCE  
**Address:** 4132 BOSTON COURT  
**City-St-Zip:** WESTON, FL 33331

**Title:** MGR  
**Name:** TORRES, DARA G  
**Address:** 9840 BAY LEAF CT.  
**City-St-Zip:** PARKLAND, FL 33076

I hereby 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:** BRUCE MONAGHAN

M

01/05/2010

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