

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095311

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** NUTRITION TEACHING TOOLS, LLC

**Current Principal Place of Business:**

1381 SOUTH WEST FIFTH AVENUE  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

1381 SOUTH WEST FIFTH AVENUE  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 26-1085046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NONZIATO, CARLETTA  
1381 SOUTH WEST FIFTH AVENUE  
BOCA RATON, FL 33432 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:** MGRM  
**Name:** NONZIATO, CARLETTA  
**Address:** 1381 SOUTH WEST AVENUE  
**City-St-Zip:** BOCA RATON, FL 33432 US

**Title:** MGRM  
**Name:** SAKOWITZ, MARIE D  
**Address:** 173 FERN ROAD  
**City-St-Zip:** EAST BRUNSWICK, NJ 08816

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:** CARLETTA NONZIATO

MAN

04/07/2011

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