

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012725

Entity Name: NUTRILIFE LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11742 SW 137 PLACE  
MIAMI, FL 33186

**New Principal Place of Business:**

9320 SW 153 PASSAGE  
MIAMI, FL 33196

**Current Mailing Address:**

11742 SW 137 PLACE  
MIAMI, FL 33186

**New Mailing Address:**

9320 SW 153 PASSAGE  
MIAMI, FL 33196

FEI Number: 26-1892948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RASCH, GUILLERMO A  
11742 SW 137 PLACE  
MIAMI, FL 33186 US

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

RASCH, GUILLERMO A  
9320 SW 153 PASSAGE  
MIAMI, FL 33196 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

04/18/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RASCH, GUILLERMO A  
Address: 9320 SW 153 PASSAGE  
City-St-Zip: MIAMI, FL 33196

Title: MGRM  
Name: GARCIA, CLAUDIA P  
Address: 9320 SW 153 PASSAGE  
City-St-Zip: MIAMI, FL 33196

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: GUILLERMO RASCH

MNGR

04/18/2011

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