

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027218

FILED
May 13, 2009
Secretary of State

Entity Name: NUTRAVOX SUPPLEMENTS, LLC

Current Principal Place of Business:

110 SW 20TH RD
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

110 SW 20TH RD
MIAMI, FL 33129

New Mailing Address:

FEI Number: 26-2196401 FEI Number Applied For () 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:

GARBAN, TATIANA M
102 BAYTREE CT
WINTER SPRINGS, FL 32708 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: GARBAN, TATIANA M
Address: 102 BAYTREE CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: GARBAN, OMAR A
Address: 110 SW 20TH RD
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: ALCAZAR, RAUL A
Address: 801 THREE ISLANDS BLVD APT.411
City-St-Zip: HALLANDALE, FL 33009

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: TATIANA GARBAN

MGR

05/13/2009

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