

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054170

Entity Name: TOTAL VITAMINS, LLC

FILED  
Mar 04, 2009  
Secretary of State

**Current Principal Place of Business:**

889 EAST PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

889-A EAST PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34952 US

**Current Mailing Address:**

889 EAST PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

889-A EAST PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34952 US

FEI Number: 26-2735195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POMYKACZ, IWONA  
889 EAST PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34952 US

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

POMYKACZ, IWONA  
889-A EAST PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34952 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: IWONA POMYKACZ

03/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POMYKACZ, IWONA  
Address: 159 N.W. 70TH STREET, APT. #414  
City-St-Zip: BOCA RATON, FL 33487 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POMYKACZ, IWONA  
Address: 889-A EAST PRIMA VISTA BOULEVARD  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: IWONA POMYKACZ

MGRM

03/04/2009

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