

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061386

FILED
Jan 04, 2011
Secretary of State

Entity Name: NUTRITION HEALTH SERVICES LLC

Current Principal Place of Business:

10851 MANGROVE CAY LANE NE
UNIT 912
ST. PETERSBURG, FL 33716

New Principal Place of Business:

605 20TH AVENUE NE
ST. PETERSBURG, FL 33704

Current Mailing Address:

10851 MANGROVE CAY LANE NE
UNIT 912
ST. PETERSBURG, FL 33716

New Mailing Address:

605 20TH AVENUE NE
ST. PETERSBURG, FL 33704

FEI Number: 27-1114849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, LEA A
10851 MANGROVE CAY LANE NE
UNIT 912
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

RUSSELL, LEA A
605 20TH AVENUE NE
ST PETERSBURG, FL 33704 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: LEA RUSSELL

01/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RUSSELL, LEA A
Address: 605 20TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM
Name: SHAPPEE, HARRY P
Address: 605 20TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704

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: LEA RUSSELL

MGR

01/04/2011

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