

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088434

FILED  
Aug 04, 2009  
Secretary of State

Entity Name: FLORIDA NUTS, LLC

## Current Principal Place of Business:

1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146

## New Principal Place of Business:

1100 S FEDERAL HWY  
SUITE 1198  
DEERFIELD BEACH, FL 33441

## Current Mailing Address:

4145 SHERIDAN AVE., PMB 292  
MIAMI BEACH, FL 33140

## New Mailing Address:

4045 SHERIDAN AVE  
PMB 292  
MIAMI BEACH, FL 33140

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

TAX HOUSE CORP  
1100 S FEDERAL HWY  
2 FLOOR  
DEERFIELD BEACH, FL 33441 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: BRENO R GOMES

08/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: JUNIOR, MICHAEL K  
Address: 1100 S FEDERAL HWY SUITE 1198  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: MICHAEL K JUNIOR

MGR

08/04/2009

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