

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000105140

Entity Name: E-NUTRI HEALTH, LLC

FILED
May 11, 2009
Secretary of State**Current Principal Place of Business:**<UNUSED>
227
NORTH MIAMI, FL 33161**New Principal Place of Business:**666 SE 125TH STREET
227
NORTH MIAMI, FL 33161**Current Mailing Address:**666 NE 125TH STREET
227
NORTH MIAMI, FL 33161**New Mailing Address:**

FEI Number: 26-3731767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:SANDOVAL, CARLOS E
666 NE 125TH STREET
227
MIAMI, FL 33161 US**Name and Address of New Registered Agent:**

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: KELSO, CLAUDIA
Address: 1676 SE GREEN ACRES CIRCLE II 201
City-St-Zip: PORT SAINT LUCIE, FL 34952Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: COLBIKS LLC
Address: 666 NE 125TH ST STE 227
City-St-Zip: NORTH MIAMI, FL 33161

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: CLAUDIA KELSO

MGR

05/11/2009

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