

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105140

Entity Name: E-NUTRI HEALTH, LLC

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

666 SE 125TH STREET  
227  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

9000 SHERIDAN ST  
SUITE 105  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

666 NE 125TH STREET  
227  
NORTH MIAMI, FL 33161

**New Mailing Address:**

100 STONEHAVEN WAY  
PELHAM, AL 35124

FEI Number: 26-3731767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

SANDOVAL, CARLOS E  
9000 SHERIDAN ST  
SUITE 105  
PEMBROKE PINES, FL 33024 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: \_\_\_\_\_

04/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KELSO, CLAUDIA M DR  
Address: 100 STONEHAVEN WAY  
City-St-Zip: PELHAM, AL 35124

Title: MGR  
Name: COLBIKS LLC  
Address: 100 STONEHAVEN WAY  
City-St-Zip: PELHAM, AL 35124

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: CLAUDIA MARIN KELSO

MGR

04/11/2010

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