

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000034637

**FILED**  
**Oct 03, 2010**  
**Secretary of State**

**Entity Name:** ONLINE NUTRITION UNLIMITED LLC

**Current Principal Place of Business:**

6609 ARIZONA STREET  
PO BOX 5361  
BRADENTON, FL 34281 US

**Current Mailing Address:**

PO BOX 5361  
BRADENTON, FL 34281 US

**New Principal Place of Business:**

11523 PALM BRUSH TRL  
SUITE 326  
LAKEWOOD RANCH, FL 34202 US

**New Mailing Address:**

11523 PALM BRUSH TRL  
SUITE 326  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 26-4636183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANZELLA, NATALE  
6609 ARIZONA STREET  
BRADENTON, FL 34281 US

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

BIBENS, CONCETTA  
11523 PALM BRUSH TRL  
SUITE 326  
LAKEWOOD RANCH, FL 34202 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: CONCETTA BIBENS

10/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANZELLA, NATALE  
Address: 6609 ARIZONA STREET  
City-St-Zip: BRADENTON, FL 34281 US

Title: MGRM  
Name: MANZELLA, CATHERINE  
Address: 6609 ARIZONA STREET  
City-St-Zip: BRADENTON, FL 34281 US

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: NATALE MANZELLA

PRES

10/03/2010

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