

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036636

Entity Name: NUTRIO LABS, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

100 NE 6TH STREET  
UNIT 305  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 243108  
BOYNTON BEACH, FL 33424

**New Mailing Address:**

FEI Number: 27-1904225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEMMENDINGER, MICHAEL J  
100 NE 6TH STREET  
UNIT 305  
BOYNTON BEACH, FL 33435 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: MGRM  
Name: HEMMENDINGER, MICHAEL J MR.  
Address: 100 NE 6TH STREET, UNIT 305  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM  
Name: BERMAN-JACOB, DENVER T MR.  
Address: 100 NE 6TH STREET, UNIT 205  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM  
Name: WOLGIN, DANIEL  
Address: 431 PINE TREE CT  
City-St-Zip: ATLANTIS, FL 33462

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: MICHAEL HEMMENDINGER

MGRM

04/29/2010

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