

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000042380

Entity Name: NUTRITION EPIPHANY LLC

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

PMB 361  
24600 SOUTH TAMIAMI TRAIL, SUITE 212  
BONITA SPRINGS, FL 34134

## **New Principal Place of Business:**

8217 PARKSTONE PLACE  
SUITE 208  
NAPLES, FL 34120 US

## **Current Mailing Address:**

PMB 361  
24600 SOUTH TAMIAMI TRAIL, SUITE 212  
BONITA SPRINGS, FL 34134

## **New Mailing Address:**

8217 PARKSTONE PLACE  
SUITE 208  
NAPLES, FL 34120 US

FEI Number: 32-0282977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

ROY, NICOLE E  
8217 PARKSTONE PLACE  
SUITE 208  
NAPLES, FL 34120 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: NICOLE E ROY

10/01/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROY, NICOLE E  
Address: 8217 PARKSTONE PLACE STE. 208  
City-St-Zip: NAPLES, FL 34120 US

Title: ST  
Name: ROY, NICOLE E  
Address: 8217 PARKSTONE PLACE STE. 208  
City-St-Zip: NAPLES, FL 34120 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: NICOLE E ROY

MGR

10/01/2010

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