

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042380

Entity Name: NUTRITION EPIPHANY LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8661 GLENEAGLE WAY  
NAPLES, FL 34120 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 112433  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: 32-0282977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROY, NICOLE E  
8239 PARKSTONE PLACE  
SUITE 303  
NAPLES, FL 34120 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  
Name: ROY, NICOLE E  
Address: 8239 PARKSTONE PLACE STE. 303  
City-St-Zip: NAPLES, FL 34120 US

Title: MGR  
Name: ROY, NICOLE E  
Address: 8239 PARKSTONE PLACE STE. 303  
City-St-Zip: NAPLES, FL 34120 US

Title: MGR  
Name: ROY, NICOLE E  
Address: 4373 NW 61ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 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

04/28/2012

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