

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000063095

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** NUTRICOSLAB INTERNATIONAL LLC

**Current Principal Place of Business:**

407 LINCOLN RD  
12F  
MIAMI FL, 33139

**New Principal Place of Business:**

407 LINCOLN RD  
12F  
MIAMI, FL 33139 US

**Current Mailing Address:**

407 LINCOLN RD  
12F  
MIAMI FL, 33139

**New Mailing Address:**

407 LINCOLN RD  
12F  
MIAMI, FL 33139 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ELMALEH, VANESSA  
407 LINCOLN RD  
12F  
MIAMI, FL 33139 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BOILLIN, PATRICK  
Address: 407 LINCOLN RD  
City-St-Zip: MIAMI, FL 33139 US

Title: MGR  
Name: BOTTEMER, SANDRINE  
Address: 407 LINCOLN RD  
City-St-Zip: MIAMI, FL 33139 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: SANDRINE BOTTEMER

MGR

05/03/2010

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