

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091736

Entity Name: NUTRICOMEX LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1000 5TH STREET  
SUITE 200  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 5TH STREET  
SUITE 200  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 80-0497627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIAMI OFFSHORE SERVICES, LLC  
1000 5TH STREET  
SUITE 200  
MIAMI BEACH, FL 33139 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: FELIX DE OLIVERA, JONATHAN R  
Address: AV CAMPECHE. 01157 BL B1  
City-St-Zip: FLORIANOPOLIS, . 88050 BR

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: FELIX DE OLIVERA JONATHAN

MGRM

04/26/2010

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