

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100967

**Entity Name:** FNA SPORTS NUTRITION, LLC

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

20431 BOWEN ROAD  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

1804 TAMIAMI TR.  
E-3  
PORT CHARLOTTE, FL 33948 US

**Current Mailing Address:**

20431 BOWEN ROAD  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 27-1144320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DELUCCA, FRANK  
20431 BOWEN ROAD  
NORTH FORT MYERS, FL 33917 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: DELUCCA, FRANK  
Address: 20431 BOWEN ROAD  
City-St-Zip: NORT FORT MYERS, FL 33917

Title: MGRM  
Name: DELUCCA, AMY R  
Address: 20431 BOWEN ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917

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: FRANK DELUCCA

MR.

04/07/2010

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