

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026478

**FILED**  
**Sep 20, 2011**  
**Secretary of State**

**Entity Name:** TRIM NUTRITION PHARMACY, LLC

**Current Principal Place of Business:**

22079 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

22079 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 27-2090369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGIN, BRENT J  
2107 OTTER WAY  
PALM HARBOR, FL 34685 US

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

AGIN, BRENT J  
4623 AYRON TERRACE  
PALM HARBOR, FL 34685 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

09/20/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AGIN, BRENT J DR  
Address: 4623 AYRON TERRACE  
City-St-Zip: PALM HARBOR, FL 34685 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: BRENT AGIN

MGR

09/20/2011

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