

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000031610

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** PRESCRIPTION NUTRITION LLC

**Current Principal Place of Business:**

24360 HENRY MORGAN BLVD  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

24360 HENRY MORGAN BLVD  
PUNTA GORDA, FL 33955

**New Mailing Address:**

**FEI Number:** 45-4286453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAMPBELL, J DAVID EA  
2511 VASCO ST  
STE 115  
PUNTA GORDA, FL 33950 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:** J DAVID CAMPBELL EA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MARLOW, KATHRYN  
**Address:** 24360 HENRY MORGAN BLVD  
**City-St-Zip:** PUNTA GORDA, FL 33955

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:** KATHRYN MARLOW

MGR

01/18/2012

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