

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041979

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

9655 NORTH TAMIAMI TRAIL  
102  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

15143 BROLIO LANE  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 27-2403149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVATT, JEFF M ESQ.  
C/O CHEFFY PASSIDOMO, P.A.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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:** MGR  
**Name:** JDM CAFE 1, LLC  
**Address:** 2387 BUTTERFLY PALM DRIVE  
**City-St-Zip:** NAPLES, FL 34119

**Title:** MGR  
**Name:** MPP CAFE 1, LLC  
**Address:** 15143 BROLIO LANE  
**City-St-Zip:** NAPLES, FL 34110

**Title:** MGR  
**Name:** REA CAFE 1, LLC  
**Address:** 500 SADDLEBROOK LANE  
**City-St-Zip:** NAPLES, FL 34110

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:** MARK PORRARO

MGR

04/16/2012

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