

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064652

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** NUTRIEXITO LLC

**Current Principal Place of Business:**

4350 W WATER AVE  
SUITE 204  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4350 W WATER AVE  
SUITE 204  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SUAREZ, RAFAEL SR  
4733 W WATERS AVE  
APT 810  
TAMPA, FL 33614 US

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

SUAREZ, RAFAEL SR  
6601 SHINIG SUN CT  
TAMPA  
TAMPA, FL 33634 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: RAFAEL SUAREZ

02/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: SUAREZ, RAFAEL SR  
Address: 4350 W WATERS AVE SUITE 204  
City-St-Zip: TAMPA, FL 33614 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: RAFAEL SUAREZ

SR

02/21/2011

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