

L100000092888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

J. BRYAN

OCT 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2011

VASILEV DESISLAV
NUTRITION 1000, LLC
11662 SAUNDERS AVE
BONITA SPRINGS, FL 34135

SUBJECT: NUTRITION 1000, LLC
Ref. Number: L10000092888

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TALLAHASSEE, FLORIDA

We have received your document for NUTRITION 1000, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 711A00020832

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUTRITION 1000, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VASILEV DESISLAV

Name of Person

NUTRITION 1000, LLC

Firm/Company

11662 SAUNDERS AVENUE

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

JOREMA15@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VASILEV DESISLAV

Name of Person

at (239)

273-1000

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: NUTRITION 1000, LLC

2. (a) Principal office address of limited liability company: 11662 SAUNDERS AVENUE

(Note: MUST BE STREET ADDRESS) BONITA SPRINGS, FL 34135

(b) Mailing address of limited liability company: 11662 SAUNDERS AVENUE

(Note: MAY BE POST OFFICE BOX) BONITA SPRINGS, FL 34135

09/03/2010
3. Date of filing/registration in Florida

L0000092888
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: VASILEV DESISLAV

Registered Office Address: 11662 SAUNDERS AVENUE
BONITA SPRINGS, FL 34135

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: JORGE REYES

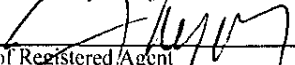
NEW Registered Office Address: 106 NE 6TH AVE
(MUST BE FLORIDA STREET ADDRESS) CAPE CORAL, FL 33909

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

VASILEV DESISLAV 10/14/11
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 10/14/11
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00