

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000097279

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** SUPPLEMENTSATCOST.COM, LLC

**Current Principal Place of Business:**

7050 WEST PALMETTO PARK ROAD  
SUITE 15-570  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7050 WEST PALMETTO PARK ROAD  
SUITE 15-570  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICE, CHAD  
7050 WEST PALMETTO PARK ROAD  
SUITE 15-570  
BOCA RATON, FL 33433 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: MGRM  
Name: RICE, CHAD  
Address: 7050 WEST PALMETTO PARK ROAD SUITE 15-570  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM  
Name: TOLLEFSON, BRIAN  
Address: 7050 WEST PALMETTO PARK ROAD SUITE 15-570  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM  
Name: RICE, CASEY  
Address: 7050 WEST PALMETTO PARK ROAD SUITE 15-570  
City-St-Zip: BOCA RATON, FL 33433

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: CHAD RICE

MGRM

04/30/2012

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