

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025514

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** NUTRIGENOMIC SOLUTIONS, LLC

**Current Principal Place of Business:**

8676 GRIFFIN ROAD  
FORT LAUDERDALE,, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

8676 GRIFFIN ROAD  
FORT LAUDERDALE,, FL 33328

**New Mailing Address:**

13431 SW 69TH STREET  
FORT LAUDERDALE,, FL 33330

**FEI Number:** 27-5254376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCNEILLEY, ROBERT W II  
1380 SW 82 TERRACE  
APT. 713  
PLANTATION, FL 33324 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: CARNEVALE, MICHAEL J  
Address: 13431 SW 69TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33330

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: MICHAEL J. CARNEVALE

MGRM

05/01/2012

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