

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000066374

Entity Name: NUTRIJOURNEY, LLC

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

327 MAIN STREET  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

1532 GLEN HOLLOW LANE N  
DUNEDIN, FL 34698

**New Mailing Address:**

327 MAIN STREET  
SAFETY HARBOR, FL 34695

FEI Number: 45-2613161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TRUCHE, DEBRA L  
1532 GLEN HOLLOW LANE N  
DUNEDIN, FL 34698 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: TRUCHE, DEBRA L  
Address: 1532 GLEN HOLLOW LANE N  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM  
Name: TRUCHE, DAVID A  
Address: 1532 GLEN HOLLOW LANE N  
City-St-Zip: DUNEDIN, FL 34698

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: DEBRA L TRUCHE

MGRM

02/02/2012

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