

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000145156

Entity Name: XTREMEBODY NUTRITION, LLC

**FILED**  
**Nov 08, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

4058 N.FIESTA PLAZA  
SUITE#104  
TAMPA, 33607

## **New Principal Place of Business:**

4058 N.FIESTA PLAZA  
SUITE#104  
TAMPA, FL 33607

## **Current Mailing Address:**

4058 N.FIESTA PLAZA  
SUITE#104  
TAMPA, 33607

## **New Mailing Address:**

4058 N.FIESTA PLAZA  
SUITE#104  
TAMPA, FL 33607

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ATTARZADEH, KAMAL  
4058 N.FIESTA PLAZA  
SUITE#104  
TAMPA, FL 33607 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: KAMAL ATTARZADEH

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ATTARDEH, KAMAL  
Address: 4058 N.FIESTA PLAZA, SUITE#104  
City-St-Zip: TAMPA, FL 33607

Title: MGRM  
Name: YAZDANI, PARVANEH  
Address: 4058 N.FIESTA PLAZA, SUITE#104  
City-St-Zip: TAMPA, FL 33607

Title: MGRM  
Name: ATTARZADEH, ASHKAN  
Address: 4058 N.FIESTA PLAZA, SUITE#104  
City-St-Zip: TAMPA, FL 33607

Title: MGRM  
Name: ATTARZADEH, EEMON  
Address: 4058 N.FIESTA PLAZA, SUITE#104  
City-St-Zip: TAMPA, FL 33607

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: KAMAL ATTARZADEH

MGR

11/08/2013

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