

LF000144233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800282620228

03/04/16--01004--004 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR -4 PM 4:25

MAR 07 2016  
S. YOUNG



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	NutraMax LLC ENTITY # L15000123183	685 Scarlet Oak Circle Unit 125 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	NutraMax LLC ENTITY # L15000123183	685 Scarlet Oak Circle Unit 125 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
18 MAR -  
PM 4:25

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 MAY 74

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR -14 PM 4:25

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 2, 2016

Signature of a member or authorized representative of a member

Jeffrey A Mueller for NutraMax LLC

Typed or printed name of signee