

H19000203743
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED NUTRITION COMPONY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

19 JUL -2 PM 2:40

2019 JUL -2 PM 4:05

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JUL 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED NUTRITION COMPONY, L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN DUBOUSOV

Name of Person

ADVANCED NUTRITION COMPONY, L.L.C.

Firm/Company

900 N FEDERAL HWY STE 306

Address

HALLANDALE, FL 33009

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: ADVANCED NUTRITION COMPANY, L.L.C.

SECOND: The Florida Document number of the limited liability company is: L19000158344

THIRD: Document to be corrected is: ARTICLES OF INCORPORATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

[x] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: TYPO IN LLC NAME. CORRECTED: ADVANCED NUTRITION COMPANY, L.L.C. TYPO IN CITY OF PRINCIPLE/MAILING ADDRESS. CORRECTED: HALLANDALE TYPO IN SIGNATURE OF REGISTERED AGENT. CORRECTED: ROMAN DUBOUSOV

OR

[] Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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OR

[] The electronic transmission of the record was defective.

Signature of Authorized Representative Date

Signature of new registered agent, if applicable. (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

K.D. Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)