## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900006010

1. Entity Name

## FLORIO'S VITAMIN COMPANY LLC



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90569 021 \*\*\*\*50.00

	. •									
Principal Pl	ace of Business	Mailing Address			1					
8895 N.W. 2ND STREET CORAL SPRINGS FL 33071		8895 N.W. 2ND STREET CORAL SPRINGS FL 33071								
2 Principal	Place of Pusi-	· • · · · · · · · · · · · · · · · · · ·				Pil 218 (Dijê 189), saki baki b	ini <b>at</b> ni <b>se</b> n	1 31111 18181	######################################	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
		City & State		<u> </u>	4. FEI Nun	nber <b>65-0977931</b>			Applied For	
Zip Country  6. Name and Address of Curren		Zip	Zip Country			ite of Status Desired	П ;	10 Ac	Not Applicable	е
		Registered Agent	egistered Agent		Fee Required					
		ricgistered Agent	Nam	- <del></del>	7. Name a	nd Address of New Rec	istered A	gent	<u> </u>	$\Box$
	ORIO, VITO V									
	N.W. 124TH AVE. RAL SPRINGS FL 33071		Street Address			(P.O. Box Number is Not Acceptable)				
				_			-			
0.75			City				FL	Zip Cod		
the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office	e or registere	d agent, or b	oth, in the State of Florid	a. I am fa	miliar with	and accept	7
SIGNATURE	Construe									
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sig	gnature required w	vhen reinstating)		DATE		<del></del>	1
		FILE N	OW!!! FEE IS	\$ \$50.00						٦
		Make Check Payab	ele to Florida [	Departmen	t of State					
			ie By May 1, 2	003						
9.	MANAGING MEMBE		10.			ADDITIONS/CH	IANGES			$\dashv$
TITLE NAME	MGRM	Delete	TITLE	16	RM	to. Vie st Yws, FL		Change	Addition	1
STREET ADDRESS	FLORIO, VITO V 841 N.W. 124TH AVENUE		NAME	F401	e10, V	10.V.		_	_	1
CITY-ST-ZIP	CORAL SPRINGS FL 33071	,	STREET ADDRES	<sup>S</sup>   <i>P89</i>	5N.4	1.245		_ /		
TITLE	MGRM	Delete		COP	AL SM	4NOS, FL-	330	<u> </u>		
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STREET ADDRESS	841 N.W. 124TH AVENUE		STREET ADDRES	FLOR	10 EL	AINE MET	-			1
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	008	PIN.C	PARALLE EL	330	>/		
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NAME				<u> </u>				Change	Addition	
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IAME (		LU Delete	TITLE NAME					] Change	☐ Addition	
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AME			NAME	1			L	Change	☐ Addition	
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS							ŀ
	artify that the information of the same	<u> </u>	CITY-ST-ZIP						ĺ	
<ul> <li>I defenv or</li> </ul>	service that the information of the service of									

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE