

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008063

1. Entity Name
NUTRIPET, LLC

Principal Place of Business
3608 ST. GAUDENS ROAD
COCONUT GROVE FL 33133

Mailing Address
3608 ST. GAUDENS ROAD
COCONUT GROVE FL 33133-6533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0967950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS DEVINE GOODMAN & WELLS, P.A.
777 BRICKELL AVENUE, SUITE 980
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SHURMAN, JOHN
STREET ADDRESS 3608 ST. GAUDENS ROAD
CITY- ST- ZIP COCONUT GROVE FL 33133

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME DAVISON, CHARLES
STREET ADDRESS 330 GLENRIDGE ROAD
CITY- ST- ZIP KEY BISCAYNE FL 33149

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CITY- ST- ZIP

11. 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:

John Shurman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(361) 6803-1234