2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# M03000000533

Entity Name: METABOLIC SOLUTIONS, LLC

Current Principal Place of Business:

1100 WEST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1100 WEST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1132630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGER, BERNARD A ESQUIRE
3107 STIRLING ROAD, SUITE 105
FORT LAUDERDALE, FL 33312 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STROM, GREG
Address: 1100 WEST COMMERCIAL BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KENT, SAUL
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D ( ) Change (X) Addition
Name: ANTRIASIAN, RON
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RON ANTRIASIAN D 03/09/2009

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