

1105000003991

(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



400200352634

04/05/11--01014--023 **25.00

FILED
11 APR -5 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 7 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE NUTRITIONALS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELSON KRAUCAK
Name of Person

Life Family Practice Center
Firm/Company

1501 W Hwy 441 N., Suite 1702
Address

The Villages, FL 32159
City/State and Zip Code

chelator@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelson Kraucak at (352) 704 932
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

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LIFE NUTRITIONALES, LLC

2. (a) Principal office address of limited liability company: 1501 US Hwy 441 N

(Note: **MUST BE STREET ADDRESS**)

Suite 1704
The Villages, FL 32159

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1501 US Hwy 441 N
Suite 1704
The Villages, FL 32159
MO5000003991

3. Date of filing/registration in Florida 7/20/2005

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Arsenyevich, Dan

Registered Office Address:

1501 US Hwy 441 N, Suite 1702
The Villages, FL 32159

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Nelson Kraucak

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1501 US Hwy 441 N, Suite 1702
The Villages
FL 32195

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

NELSON KRAUCAK

Printed or typed name of signee

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 608, 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00