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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAWPTON

APR 1 5 2010

EXAMINER

COVER LETTER

TO:		Section Corporations				
SUBJ	ECT:	Vita	min Thri	ft, LLC_		
	Name of Foreign Limited Liability Company					
Dear S	ir or Madam:					
		vit by Foreign Limites) and fee(s) are subr			Change Manager(s) or	
Please	return all cor	respondence concern	ing this m	atter to the foll	owing:	
	_	David R. Conner				
		Name of Person				
	,	Vitamin Thrift, LLC				
		Firm/Company				
	5373 (Ehrlich Rd., Ste. 20	3-165			
-		Address		· · · · · · · · · · · · · · · · · · ·		
		Tampa, FL 33625				
<u> </u>		City/State and Zip Co	de			
 F	contact@vitaminthrift.com E-mail address: (to be used for future annual report notification)					
		•		•	on)	
For fu	ther informat	ion concerning this n				
	David R.				907	
	Name of	Person	Area Coo	de and Daytim	e Telephone Number	
	Registration S Division of C Clifton Buildi 2661 Executiv	orporations		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
	ed is a check iling Fee	for the following at □\$30 Filing Fee & Certificate of Status		00 Filing Fee & d Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

2. This entity was formed under the laws of:	ie Florida Var.
And its Florida document/registration number is	
Title: 'MGR" = Manager 'MGRM" = Managing Member MGR David R. Conner 5373 Ehrlich Road, Suite 203-165	800
'MGR" = Manager 'MGRM" = Managing Member MGR David R. Conner 5373 Ehrlich Road, Suite 203-165	:
5373 Ehrlich Road, Suite 203-165	
	-165
Required Signature: Signature of Manager, Managing Member or Member	

Filing Fee: \$25