## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000079

Entity Name: VITAMIN THRIFT, LLC

FILED Apr 08, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5373 EHRLICH ROAD, SUITE 203-165 13176 N DALE MABRY HWY TAMPA, FL 33625

STE 418

TAMPA, FL 33618

**Current Mailing Address: New Mailing Address:** 

5373 EHRLICH ROAD, SUITE 203-165 13176 N DALE MABRY HWY TAMPA, FL 33625

STE 418 TAMPA, FL 33618

FEI Number: 26-1394128 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONNER, DAVID R CONNER, DAVID R 5373 EHRLICH ROAD, SUITE 203-165 13176 N DALE MABRY HWY TAMPA, FL 33625 STE 418

TAMPA, FL 33618 US

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: DAVID R CONNER 04/08/2011

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

MGR

CONNER, DAVID R Name:

Address: 13176 N DALE MABRY HWY, STE 418

City-St-Zip: TAMPA, FL 33618

I hereby 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 Statues.

SIGNATURE: DAVID R CONNER **MGR** 04/08/2011