

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000079

Entity Name: VITAMIN THRIFT, LLC

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13176 N DALE MABRY HWY  
STE 418  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

13176 N DALE MABRY HWY  
STE 418  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 26-1394128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNER, DAVID R  
13176 N DALE MABRY HWY  
STE 418  
TAMPA, FL 33618 US

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

GORE, MICHAEL D  
13176 N DALE MABRY HWY  
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: MICHAEL D. GORE

03/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GORE, MICHAEL D  
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 Statutes.

SIGNATURE: MICHAEL D. GORE

MGR

03/05/2012

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