

MD80000003574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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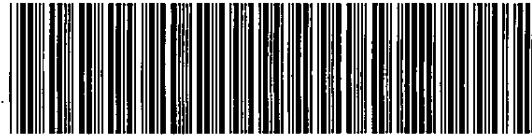
(Business Entity Name)

(Document Number)

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J. BRYAN

SEP 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bio-Nutra Technology LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Calcin J Domenico Jr, Esq.
Name of Person
Calvin J Domenico Jr, PA
Firm/Company
P O Box 19828
Address
Sarasota, Fl. 34276
City/State and Zip Code
cjd@cjdpa.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Calvin J Domenico Jr at (941) 929-1930
Name of Person Area Code and 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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Bio Nutra Technology LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on July 30, 2008
and its Florida document/registration number is M08000003574

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Nicole M. Mann

P O Box E 38

South Boston, Ma. 02127

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TALLAHASSEE, FLORIDA

Required Signature: Nicole M. Mann

Personal Representative
Signature of Manager, Managing Member or Member

Filing Fee: \$25