

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000539

Entity Name: VITAMIN STYLE, LLC

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4411 BEE RIDGE RD, STE 356  
SARASOTA, FL 342332514

**New Principal Place of Business:**

**Current Mailing Address:**

4411 BEE RIDGE RD, STE 356  
SARASOTA, FL 342332514

**New Mailing Address:**

FEI Number: 26-4087241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAGNE, STEVE R  
17019 WINNERS CIRCLE  
ODESSA, FL 33556 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GAGNE, STEVE  
Address: 17019 WINNERS CIRCLE  
City-St-Zip: ODESSA, FL 33556

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: STEVE GAGNE

MGR

02/19/2010

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