

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M10000002968

**FILED**  
**Aug 08, 2011**  
**Secretary of State**

**Entity Name:** GNC ENTERPRISES DELAWARE LLC

**Current Principal Place of Business:**

1549 SHADOW OAKS ROAD  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 451505  
KISSIMMEE, FL 34745 US

**New Mailing Address:**

**FEI Number:** 27-2072297      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CUDJOE, GREGORY E  
1549 SHADOW OAKS ROAD  
KISSIMMEE, FL 34744 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:** MGRM  
**Name:** CUDJOE, GREGORY  
**Address:** 1549 SHADOW OAKS ROAD  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** MGRM  
**Name:** CRANE, PHILIP  
**Address:** 10 HUTTON HIGHTS ST ANNS PORT OF SPAIN  
**City-St-Zip:** TRINIDAD AND TOBAGO,

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:** PHILIP CRANE

MGRM

08/08/2011

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