## M1200002710

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(Address)	
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SECRETARY OF STATE TALLAHASSEE, FLORING

APPROVEŲ AND FILED

D. BRUCE
AUG 0 9 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
	isition Company LLC		
Name of Foreign	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Affidavit by Foreign Limite Managing Member(s) and fee(s) are subn	ed Liability Company to Change Manager(s) or nitted for filing.		
Please return all correspondence concerni	ing this matter to the following:		
Michelle Hauser			
Name of Person			
SGN Acquisition Company	vII.C		
Firm/Company	<u>y                                    </u>		
	SE SE		
- 6351 Yarrow Dr Ste.			
Address			
Carlsbad, CA 92011	ARY VSSE	Ξ₽	
City/State and Zip Co	ode To A	00	
michallah@aganutriti	ion.com  re annual report notification)		
michelleh@sgnnutriti E-mail address: (to be used for futur	re annual report notification)		
(	,p		
For further information concerning this n	natter, please call:		
Michelle Hauser at (	( 760 ) 994-7885		
Name of Person	Area Code and Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	rananassee, rionda 32314		
Enclosed is a check for the following as	mount:		
\$25 Filing Fee \$\times \text{Solution Status}\$30 Filing Fee \$\times \text{Certificate of Status}\$	Certified Copy  S55.00 Filing Fee & S60 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 com Department of State is: S	pany as it appears on the recor GN Acquisition Company LI	ds of the Florida _C	,	
2. This entity was formed under the law			_•	
3. This entity was authorized to transact	<del></del>	05/15/2012	*****	
and its Florida document/registration num	mber is M120000	02710	<b>-</b> •	
4. The name and address of each manag	er or managing member is as f	follows:		
<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member				
MGR	Anthony Misner 6351 Yaroow Dr Ste C Carlsbad, CA 92011		- -	
			- - - TAI	
	-		I <b>2 AUG -8 A</b> I SECRETARY OF L-LAHASSEE	
			AM 10: 09 OF STATE E+ FLORIDA	.D
			- -	
Paguinad Signatura				
Required Signature: Signature of Manag	ger, Managing Member or Men	mber		

Filing Fee: \$25