2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2014
Secretary of State
CC5424253072

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Entity Name: VITACORE HEALTH PRODUCTS, LLC

Current Principal Place of Business:

1575 NORTH PARK DRIVE
SUITE 100
WESTON, FL 33326

Current Mailing Address:

1575 NORTH PARK DRIVE
SUITE 100
WESTON, FL 33326

FEI Number: 27-4407278

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

360 LIFESTYLE HOLDINGS LLC
1575 NORTH PARK DRIVE
SUITE 100
WESTON, FL 33326 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	STRINGER, RALPH EMR	Name	STRINGER, RALPH EMR
Address	1575 NORTH PARK DR SUITE 100	Address	1575 NORTH PARK DRIVE SUITE 100
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326
Title	MGRM	Title	MGRM
Name	STRINGER, RALPH EMR	Name	STRINGER, RALPH EMR
Address	1575 NORTH PARK DR SUITE 100	Address	1575 NORTH PARK DR SUITE 100
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326
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Address	1575 NORTH PARK DR SUITE 100	Address	1575 NORTH PARK DR SUITE 100
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RALPH E. STRINGER PRESIDENT 04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date