

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000027970

**Entity Name:** CONSUMER NUTRITION, LLC

**Current Principal Place of Business:**

1616 WESTGATE CIRCLE  
BRENTWOOD, TN 37027

**Current Mailing Address:**

P.O. BOX 110  
FAIRFAX, VT 05454 US

**FEI Number:** 27-2104221

**Certificate of Status Desired:** No

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

BRYN & ASSOCIATES, P.A.  
2 SOUTH BISCAYNE BLVD  
2680  
MIAMI, FL 33131 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 MGR  
Name FEDERICO, NOELLE  
Address P.O. 110  
City-State-Zip: FAIRFAX VT 37027

Title MGRM  
Name JEFF, PRESCOTT  
Address 1616 WESTGATE CIRCLE  
City-State-Zip: BRENTWOOD TN 37027

*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:** NOELLE FEDERICO

**CFO**

**02/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date