

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000100495

Entity Name: NUTRIENTOLOGY, LLC

Current Principal Place of Business:

5913 FITZGERALD ROAD
ODESSA, FL 33556

Current Mailing Address:

P.O. BOX 341581
TAMPA, FL 33694-1581 US

FEI Number: 27-3614965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREIGHTON, KIMBERLY
5913 FITZGERALD ROAD
ODESSA, FL 33556 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 CREIGHTON, KIMBERLY
Address 5913 FITZGERALD ROAD
City-State-Zip: ODESSA FL 33556

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: KIMBERLY CREIGHTON

MANAGER

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date