

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000197552

Entity Name: ANCIENT NUTRITION HOLDINGS, LLC**Current Principal Place of Business:**2000 MALLORY LANE
SUITE 130-307
FRANKLIN, TN 37067**Current Mailing Address:**2000 MALLORY LANE
SUITE 130-307
FRANKLIN, TN 37067 US**FEI Number:** 35-2550117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GY CORPORATE SERVICES, INC.
777 S FLAGLER DR
STE 500E
WEST PALM BEACH, FL 33401 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 MANAGER
Name DUKE, KEN
Address 2000 MALLORY LANE
SUITE 130-307
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name ANGULO, DEAN
Address 2000 MALLORY LANE
SUITE 130-307
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name GOMEZ, ROB
Address 2000 MALLORY LANE
SUITE 130-307
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name PIERCE, BEN
Address 2000 MALLORY LANE
SUITE 130-307
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name STAMMEN, RYAN
Address 2000 MALLORY LANE
SUITE 130-307
City-State-Zip: FRANKLIN TN 37067

Title AUTHORIZED SIGNER
Name KEN , DUKE
Address 2000 MALLORY LANE
SUITE 130-307
City-State-Zip: FRANKLIN TN 37067

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: KEN , DUKE**AUTHORIZED SIGNER****04/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date