

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000016476

**Entity Name:** NOURISH CG, LLC

**Current Principal Place of Business:**

4303 BRAEMERE DR  
SPRING HILL, FL 34609

**Current Mailing Address:**

4303 BRAEMERE DR  
SPRING HILL, FL 34609 US

**FEI Number:** 81-1386028

**Certificate of Status Desired:** No

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

MILLETT, COLLEEN E  
4303 BRAEMERE DR  
SPRING HILL, FL 34609 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	D	Title	MANAGER
Name	MILLETT, COLLEEN E	Name	HARBER, GINA M
Address	4303 BRAEMERE DR	Address	4915 COPPER CANYON BLVD.
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	VALRICO FL 33594

*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:** GINA M. HARBER

**MANAGER**

**04/30/2017**

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

\_\_\_\_\_  
Date