

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035132

FILED
Apr 13, 2009
Secretary of State

Entity Name: WHOLESAL NUTRITION, LLC

Current Principal Place of Business:

4913 FAUNA DRIVE
MELBOURNE, FL 32934

New Principal Place of Business:

2300 MARSH HARBOR AVENUE
MERRITT ISLAND, FL 32952

Current Mailing Address:

4913 FAUNA DRIVE
MELBOURNE, FL 32934

New Mailing Address:

2300 MARSH HARBOR AVENUE
MERRITT ISLAND, FL 32952

FEI Number: 20-1097787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ANGUS E MR
4913 FAUNA DRIVE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

JONES, ANGUS E MR
2300 MARSH HARBOR AVENUE
MERRITT ISLAND, FL 32952 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, ANGUS E MR
Address: 4913 FAUNA DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: MGR () Delete
Name: SHERBIN, STEPHEN A SR.
Address: 1279 WHITE OAK CIRCLE
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, ANGUS E MR
Address: 2300 MARSH HARBOR AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANGUS E JONES

MR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date