

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035132

Entity Name: WHOLESAL NUTRITION, LLC

FILED  
Mar 29, 2011  
Secretary of State

**Current Principal Place of Business:**

#672/137 S. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

#672/137 S. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

#672/137 S. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

#672/137 S. COURTENAY PARKWAY  
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  
#672/137 S. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32952 US

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

JONES, ANGUS E MR  
#672/137 S. COURTENAY PARKWAY  
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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/29/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JONES, ANGUS E MR  
Address: #672/137S. COURTENAY PARKWAY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR  
Name: SMITH, SANDRA M MS  
Address: #672/137S COURTENAY PARKWAY  
City-St-Zip: MERRITT ISLAND, FL 32952 US

I hereby 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

MGR

03/29/2011

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