

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057757

Entity Name: RW NUTRITION LLC

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

15880 SUMMERLIN RD
SUITE #301
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

15880 SUMMERLIN RD.
SUITE #301
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 20-1449233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, JOE
1479 REYNARD DR.
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERLEY, WADE T
Address: 8651 WESLEYAN DR. APT #2820
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: HESSE, RYAN P
Address: 1529 SW 53RD LN
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERLEY, WADE T
Address: 15751 PRENTISS POINTE #102
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM (X) Change () Addition
Name: HESSE, RYAN P
Address: 3988 ISLA CINDAD COURT
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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: WADE HERLEY

MGRM

02/08/2006

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