

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057757

FILED  
Jun 04, 2007  
Secretary of State

Entity Name: RW NUTRITION LLC

## 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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## 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: 15751 PRENTISS POINTE #102  
City-St-Zip: FORT MYERS, FL 33908 US

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

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: HESSE, RYAN P  
Address: 16110 FLAGG POND LANE  
City-St-Zip: N. FORT MYERS, FL 33917

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: WADE HERLEY

MGRM

06/04/2007

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