

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 17, 2009  
Secretary of State**

DOCUMENT# L05000000160

**Entity Name:** ANGELL HEALTH AND NUTRITION CONSULTING, LLC

**Current Principal Place of Business:**

3801 NW 38TH STREET  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

3801 NW 38TH STREET  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 84-1666276      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ANGELL, NANCY L  
3801 NW 38TH STREET  
GAINESVILLE, FL 32606 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: MGR ( ) Delete  
Name: ANGELL, NANCY L  
Address: 3801 NW 38TH STREET  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

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: NANCY L ANGELL

MGR

01/17/2009

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