

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026743

Entity Name: WHR NUTRIENTS, LLC

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

C/O J. PAUL RAYMOND
SUITE 200
CLEARWATER, FL 33756

New Principal Place of Business:

C/O J. PAUL RAYMOND
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

Current Mailing Address:

C/O J. PAUL RAYMOND
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-8729498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, J PAUL
625 COURT STREET STE 200
CLEARWATER, FL 33756 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: RAYMOND, NANCY M
Address: 625 COURT STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 33756

Title: MGR () Delete
Name: HOOKS, DAVID H
Address: 625 COURT STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 34683

Title: MGR () Delete
Name: WHITEHEAD, B. GENE
Address: 625 COURT STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 34683

ADDITIONS/CHANGES:

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

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

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 M. RAYMOND

MGR

02/06/2008

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