

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089449

Entity Name: NIMBUS NUTRITION LLC

FILED  
May 05, 2009  
Secretary of State

**Current Principal Place of Business:**

4032 SE 28TH STREET  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

4300 WHITE OAK ROAD  
LONDON, KY 40741

**New Mailing Address:**

FEI Number: 20-5511321      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:**

BRYANT, RICHARD J  
4032 SE 28TH STREET  
OKEECHOBEE, FL 34974      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: BRYANT, RICHARD J  
Address: 4032 SE 28TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGR      (X) Delete  
Name: BRYANT, RICKY R  
Address: 4300 WHITE OAK ROAD  
City-St-Zip: LONDON, KY 40741 US

**ADDITIONS/CHANGES:**

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: RICHARD J BRYANT

MGR

05/05/2009

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