2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 21, 2009
Secretary of State

DOCUMENT# L08000116057

Entity Name: ADVANCED NUTRITION FOODS, LLC

Current Principal Place of Business:

20725 SW 46TH AVENUE
NEWBERRY, FL 32669 US

New Principal Place of Business:

4830 NW 43RD STREET, SUITE D-64
GAINSEVILLE, FL 32606 US

Current Mailing Address:

20725 SW 46TH AVENUE
NEWBERRY, FL 32669

New Mailing Address:

4830 NW 43RD STREET, SUITE D-64
GAINSEVILLE, FL 32606 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

ANGELL CORPORATE SERVICES, INC.
ONE N. CLEMATIS STREET
SUITE 400
WEST PALM BEACH, FL 33401 US

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: LESLIE J. CROLAND, VICE PRESIDENT 08/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANFINSEN, JON R
Address: 4830 NW 43RD STREET, SUITE D-64
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM (X) Delete
Name: DAVIS, STEFAN M
Address: 20725 SW 46TH AVENUE
City-St-Zip: NEWBERRY, FL 32669 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: JON R. ANFINSEN MGRM 08/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date