

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045343

Entity Name: PHF SUPPLEMENTS, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3948-123 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 322505847

## **New Principal Place of Business:**

4063 SALISBURY RD.  
SUITE 108  
JACKSONVILLE, FL 32216

## **Current Mailing Address:**

3948-123 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 322505847

## **New Mailing Address:**

4063 SALISBURY RD.  
SUITE 108  
JACKSONVILLE, FL 32216

FEI Number: 27-2468829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HENDERSON, STEVEN  
3948-123 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 322505847 US

## **Name and Address of New Registered Agent:**

HENDERSON, STEVEN  
4063 SALISBURY RD.  
SUITE 108  
JACKSONVILLE, FL 32216 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: STEVE HENDERSON

04/29/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HENDERSON, STEVEN  
Address: 4063 SALISBURY RD. STE 108  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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: STEVE HENDERSON

MR.

04/29/2011

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