

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000055416

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** PETER GILLHAM'S NUTRITION CENTER, LLC

**Current Principal Place of Business:**

533 CLEVELAND STREET  
CLEARWATER, FL 33755

**New Principal Place of Business:**

424 CLEVELAND STREET  
CLEARWATER, FL 33755

**Current Mailing Address:**

533 CLEVELAND STREET  
CLEARWATER, FL 33755

**New Mailing Address:**

424 CLEVELAND STREET  
CLEARWATER, FL 33755

**FEI Number:** 27-2645127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JAFFE, SHELLEY R  
519 CLEVELAND STREET  
SUITE 205  
CLEARWATER, FL 33755 US

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

GILLHAM, PETER  
424 CLEVELAND STREET  
CLEARWATER, FL 33755 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: PETER GILLHAM

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GILLHAM, PETER  
Address: 611 SOUTH FORT HARRISON, #315  
City-St-Zip: CLEARWATER, FL 33755

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: PETER GILLHAM

MGRM

04/06/2011

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