

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060867

**FILED**  
**May 19, 2011**  
**Secretary of State**

**Entity Name:** NATURAL CHOICE NUTRITION LLC

**Current Principal Place of Business:**

4114 PINELAKE LANE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4114 PINELAKE LANE  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 27-0729909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHLMEISTER, BARBARA M  
4114 PINELAKE LANE  
TAMPA FL, FL 33618 US

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

MAHLMEISTER, BARBARA M  
4114 PINELAKE LANE  
TAMPA, FL 33618 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:

05/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: MAHLMEISTER, BARBARA M  
Address: 4114 PINELAKE LANE  
City-St-Zip: TAMPA, FL 33618

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: BARBARA M. MAHLMEISTER

MS

05/19/2011

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