

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100495

Entity Name: NUTRIENTOLOGY, LLC

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5913 FITZGERALD ROAD  
ODESSA, FL 33556

**New Principal Place of Business:**

5913 FITZGERALD ROAD  
ODESSA, FL 33556 UN

**Current Mailing Address:**

P.O. BOX 341581  
TAMPA, FL 336941581

**New Mailing Address:**

P.O. BOX 341581  
TAMPA, FL 336941581 US

FEI Number: 27-3614965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CREIGHTON, KIMBERLY  
5913 FITZGERALD ROAD  
ODESSA, FL 33556 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  
Name: CREIGHTON, KIMBERLY  
Address: 5913 FITZGERALD ROAD  
City-St-Zip: ODESSA, FL 33556

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: KIMBERLY CREIGHTON

MGR

01/08/2012

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