

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002658

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** PMI NUTRITION, LLC

**Current Principal Place of Business:**

1080 WEST COUNTY ROAD F  
SHOREVIEW, MN 55126

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 64101  
LAW DEPARTMENT - MS 2500  
ST PAUL, MN 551640101

**New Mailing Address:**

**FEI Number:** 41-2016622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGRM  
**Name:** PURINA MILLS LLC  
**Address:** 1080 WEST COUNTY ROAD F  
**City-St-Zip:** SHOREVIEW, MN 55126

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: PURINA MILLS, LLC      MGRM      04/17/2012

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