

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000050120

**Entity Name:** FIVE PERCENT NUTRITION, LLC

**Current Principal Place of Business:**

505 MANDALAY AVE.  
#72  
CLEARWATER BEACH, FL 33767

**Current Mailing Address:**

505 MANDALAY AVE.  
#72  
CLEARWATER BEACH, FL 33767 US

**FEI Number:** 46-5263366

**Certificate of Status Desired:** No

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

HYC, PETER  
505 MANDALAY AVE.  
#72  
CLEARWATER BEACH, FL 33767 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PCHY, LLC  
Address 505 MANDALAY AVENUE #72  
City-State-Zip: CLEARWATER BEACH FL 33767

Title MGR  
Name PIANA, DEBRA JANE  
Address 527 D STREET  
City-State-Zip: CLEARWATER FL 33756

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER HYC

**OWNER**

**01/31/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date