

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002658

**Entity Name:** PMI NUTRITION, LLC

**Current Principal Place of Business:**

4001 LEXINGTON AVENUE NORTH  
ARDEN HILLS, MN 55126

**Current Mailing Address:**

4001 LEXINGTON AVENUE NORTH  
ARDEN HILLS, MN 55126 US

**FEI Number:** 41-2016622

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MEMBER	Title	AUTHORIZED SIGNOR
Name	PURINA MILLS, LLC	Name	THELEN, MIKE R.
Address	4001 LEXINGTON AVENUE NORTH	Address	4001 LEXINGTON AVENUE NORTH
City-State-Zip:	ARDEN HILLS MN 55126	City-State-Zip:	ARDEN HILLS MN 55126

*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:** MIKE R. THELEN

**AUTHORIZED SIGNOR**

**03/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date