

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000015799

**Entity Name:** 5 STAR NUTRITION, LLC

**Current Principal Place of Business:**

8500 SHOAL CREEK BLVD, BLDG 4-150  
AUSTIN, TX 78757

**Current Mailing Address:**

8500 SHOAL CREEK BLVD, BLDG 4-150  
AUSTIN, TX 78757 US

**FEI Number:** 47-5430868

**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 MBR  
Name HARTWIG, CHARLES  
Address 8500 SHOAL CREEK BLVD, BLDG 4-150  
City-State-Zip: AUSTIN TX 78757

Title MBR  
Name MARVER, BRIAN  
Address 8500 SHOAL CREEK BLVD, BLDG 4-150  
City-State-Zip: AUSTIN TX 78757

Title MBR  
Name STEPHENS, CODY  
Address 8500 SHOAL CREEK BLVD, BLDG 4-150  
City-State-Zip: AUSTIN TX 78757

*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:** BRIAN MARVER

**MEMBER**

**03/29/2022**

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

\_\_\_\_\_  
Date