

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014797

**Entity Name:** NUTRITION TRAINING SYSTEMS LLC

**Current Principal Place of Business:**

10220 W STATE RD 84  
11  
DAVIE, FL 33324

**Current Mailing Address:**

10220 W STATE RD 84  
11  
DAVIE, FL 33324 US

**FEI Number:** 75-3116809

**Certificate of Status Desired:** No

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

MUSHTAQ, HUSSAIN MGRM  
2641 N FLAMINGO ROAD  
701  
FORT LAUDERDALE, FL 33323 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 MGRM  
Name HUSSAIN, MUSHTAQ  
Address 3901 SW 47TH AVE STE 409  
City-State-Zip: FORT LAUDERDALE FL 33314

*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:** MUSHTAQ HUSSAIN

MGRM

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date