### 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. 01/09/2019

MGR

SIGNATURE: TATRAI-DIAZ, A. Electronic Signature of Signing Authorized Person(s) Detail

# City-State-Zip: CORAL SPRINGS FL 33076 City-State-Zip: CORAL SPRINGS FL 33076

	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			
Title	MGR	Title	MGRM
Name	TATRAI-DIAZ, A.	Name	DIAZ, ANDRES
Address	5645 CORAL RIDGE DRIVE #239	Address	5645 CORAL RIDGE DRIVE #239

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.

# Name and Address of Current Registered Agent:

TATRAI-DIAZ, AGNES 8233 NW 122 LANE PARKLAND, FL 33076 US

SIGNATURE:

5645 CORAL RIDGE DRIVE 239 CORAL SPRINGS, FL 33076

# Entity Name: NUTRI-CONSULTING LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

DOCUMENT# L07000097810

### **Current Mailing Address:**

5645 CORAL RIDGE DRIVE #239 CORAL SPRINGS, FL 33076

## FEI Number: 26-2208100

FILED Jan 09, 2019 Secretary of State 9537219635CC

Date

Certificate of Status Desired: No

Date