	20-2200100		Certificate of Status Desi	rea: NO	
Name and Address of Current Registered Agent:					
DIAZ, ANDRES 8233 NW 122 LAN PARKLAND, FL 3					
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:	DIAZ ANDRES			12/15/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Pe	erson(s) Detail :				
Title N	/GR	Title	MGRM		

Name

Address

City-State-Zip:

**Current Principal Place of Business:** 5645 CORAL RIDGE DRIVE 448 CORAL SPRINGS, FL 33076

DOCUMENT# L07000097810

Entity Name: NUTRI-CONSULTING LLC

## **Current Mailing Address:**

5645 CORAL RIDGE DRIVE #448 CORAL SPRINGS, FL 33076 US

## FEI Number: 26-2208100

## Nam

TATRAI-DIAZ, A.

City-State-Zip: CORAL SPRINGS FL 33076

5645 CORAL RIDGE DRIVE #448

Name

Address

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	DIAZ ,ANDRES	MGRM	12/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No.

DIAZ, ANDRES

5645 CORAL RIDGE DRIVE #448 CORAL SPRINGS FL 33076

Date

## 2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT