# 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: MARIANGELES GARCIA

Electronic Signature of Signing Authorized Person(s) Detail

## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000025210

Entity Name: ANTILLAS NUTRITION MIAMI, LLC

#### **Current Principal Place of Business:**

16051 COLLINS AVENUE #403 SUNNY ISLES BEACH, FL 33160

## **Current Mailing Address:**

16051 COLLINS AVENUE #403 SUNNY ISLES BEACH, FL 33160 US

#### FEI Number: 46-0525056

# Name and Address of Current Registered Agent:

ICKOWICZ, LEO 16137 BISCAYNE BLVD AVENTURA, FL 33160 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:	LEO ICKOWICZ			02/15/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	GARCIA, MARIANGELES	Name	DUER, SAMUEL LEVY	
Address	16051 COLLINS AVENUE, #403	Address	16051 COLLINS AVENUE	
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUITE 403 SUNNY ISLES BEACH FL 3310	160

Certificate of Status Desired: No

AMBR 02/15/2022

FILED Feb 15, 2022 Secretary of State 3725390847CC

Date