

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034223

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**1512182081CC**

**Entity Name:** SVELTE 30 NUTRITIONAL CONSULTANTS LLC

**Current Principal Place of Business:**

960 E OSCEOLA PKWY  
KISSIMMEE, FL 34744

**Current Mailing Address:**

960 E OSCEOLA PKWY  
KISSIMMEE, FL 34744 US

**FEI Number:** 27-4447567

**Certificate of Status Desired:** No

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

LOPEZ, PEDRO A  
960 E OSCEOLA PKWY  
KISSIMMEE, FL 34744 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	OWNER	Title	MGR
Name	LOPEZ, PEDRO A	Name	LOPEZ, GISSELLE C DR.
Address	960 E OSCEOLA PKWY	Address	960 E OSCEOLA PKWY
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

Title            AUTHORIZED REPRESENTATIVES  
Name            FIGUEROA, JULIO SR.  
Address        960 E OSCEOLA PKWY  
City-State-Zip: KISSIMMEE FL 34744

*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:** PEDRO A LOPEZ

**OWNER**

**02/20/2024**

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

\_\_\_\_\_  
Date