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 LOPEZ

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail : Title Title OWNER MGR Name LOPEZ, PEDRO A Name LOPEZ, GISSELLE C DR. 960 E OSCEOLA PKWY Address 960 E OSCEOLA PKWY Address City-State-Zip: **KISSIMMEE FL 34744** City-State-Zip: KISSIMMEE FL 34744 AUTHORIZED REPRESENTATIVES Title FIGUEROA, JULIO SR. Name

# SIGNATURE:

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.

Electronic Signature of Registered Agent

960 E OSCEOLA PKWY

# FEI Number: 27-4447567

### Name and Address of Current Registered Agent:

960 E OSCEOLA PKWY

**KISSIMMEE FL 34744** 

LOPEZ, PEDRO A 960 E OSCEOLA PKWY KISSIMMEE, FL 34744 US

Address

I

City-State-Zip:

**Current Principal Place of Business:** 

Entity Name: SVELTE 30 NUTRITIONAL CONSULTANTS LLC

960 E OSCEOLA PKWY KISSIMMEE, FL 34744

# **Current Mailing Address:**

KISSIMMEE, FL 34744 US

DOCUMENT# L10000034223

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

### FILED Jul 05, 2023 Secretary of State 3595992122CC

Certificate of Status Desired: No

OWNER

Date