

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000072422

Entity Name: NUTRITION 246 LLC

Current Principal Place of Business:

240 NW 183 ST STE 246
MIAMI GARDENS, FL 33169

Current Mailing Address:

240 NW 183 ST STE 246
MIAMI GARDENS, FL 33169

FEI Number: 45-5394264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DALEY-CHAMPAGNIE, CHERYL R
246 NW 183RD STREET
MIAMI GARDENS, FL 33169 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 MGR
Name DALEY-CHAMPAGNIE, CHERYL R
Address 246 NW 183RD STREET
City-State-Zip: MIAMI GARDENS FL 33169

Title MGRM
Name CHAMPAGNIE, PATRICK D
Address 246 NW 183RD STREET
City-State-Zip: MIAMI GARDENS FL 33169

Title MGRM
Name CHAMPAGNIE, KELSEY M
Address 246 NW 183RD STREET
City-State-Zip: MIAMI GARDENS FL 33169

Title MGRM
Name CHAMPAGNIE, TARICK R
Address 246 NW 183RD STREET
City-State-Zip: MIAMI GARDENS FL 33169

Title NUTRITION 246 LLC
Name JOHNSON-O'SULLIVAN , JANET JUNE
A MRS.
Address 240 NW 183 ST STE 246
City-State-Zip: MIAMI GARDENS FL 33169

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: JANET JUNE JOHNSON-O'SULLIVAN

MRS.

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date