

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066508

**Entity Name:** NUTRITION DIRECT LLC

**Current Principal Place of Business:**

8197 NORTH UNIVERSITY DRIVE  
SUITE #2  
TAMARAC, FL 33321

**Current Mailing Address:**

8197 NORTH UNIVERSITY DRIVE  
SUITE #2  
TAMARAC, FL 33321 US

**FEI Number:** 46-5513862

**Certificate of Status Desired:** No

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

ECKERT, REID P  
8197 NORTH UNIVERSITY DRIVE  
SUITE #2  
TAMARAC, FL 33321 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           MANAGER  
Name           ECKERT, REID P  
Address        8197 NORTH UNIVERSITY DRIVE  
                  SUITE #2  
City-State-Zip: TAMARAC FL 33321

Title           AUTHORIZED REPRESENTATIVE  
Name           SUPERSAD, DENYSE  
Address        8197 NORTH UNIVERSITY DRIVE  
                  SUITE #2  
City-State-Zip: TAMARAC FL 33321

Title           AUTHORIZED REPRESENTATIVE  
Name           ECKERT, ELEANOR  
Address        8197 NORTH UNIVERSITY DRIVE  
                  SUITE #2  
City-State-Zip: TAMARAC FL 33321

*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:** REID ECKERT

**MANAGER**

**02/14/2023**

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

\_\_\_\_\_  
Date