

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000085599

**Entity Name:** RARI NUTRITION**Current Principal Place of Business:**3410 DAVIE RD.  
405  
DAVIE, FL 33314**Current Mailing Address:**3410 DAVIE RD.  
405  
DAVIE, FL 33314 US**FEI Number:** 47-4009641**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, SEAN M  
7011 SW 18TH ST.  
PLANTATION, FL 33317 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:** SEAN KELLY

06/23/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KELLY, SEAN M  
Address 7011 SW 18TH ST.  
City-State-Zip: PLANTATION FL 33317

Title MGR  
Name LOWENTHAL, PATRICK  
Address 901 MALAGA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name TRAVIS, KILLIAN  
Address 1403 KINNEY AVE.  
City-State-Zip: AUSTIN TX 78704

Title MGR  
Name BOSCO, CHRISTOPHER C  
Address 9703 N NEW RIVER CANAL RD.  
100  
City-State-Zip: PLANTATION FL 33324

Title MGR  
Name GLAZER, TAYLOR  
Address 2100 S. OCEAN LN  
APT. 1411  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name JOSEPH, FEDERL  
Address 1620 EAST RIVERSIDE DRIVE  
3047  
City-State-Zip: AUSTIN TX 78741

*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:** SEAN KELLY**PRESIDENT**

06/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date