

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000112282

**Entity Name:** JTS NUTRITION LLC

**Current Principal Place of Business:**

246 NW 183RD STREET  
MIAMI GRDENS, FL 33169

**Current Mailing Address:**

246 NW 183RD STREET  
MIAMI GRDENS, FL 33169

**FEI Number:** 47-4839787

**Certificate of Status Desired:** Yes

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

JOHNSON-O'SULLIVAN, JANET J  
15261 SW 49 ST  
DAVIE, FL 33331 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	Title	MGR
Name	JOHNSON-O'SULLIVAN, JANET J	Name	O'SULLIVAN, STUART
Address	15261 SW 49 ST	Address	15261 SW 49 ST
City-State-Zip:	DAVIE FL 33331	City-State-Zip:	DAVIE FL 33331

*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 J JOHNSON-O'SULLIVAN

**MANAGER**

**03/22/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date