

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000139649

**Entity Name:** NUTRIACTIVE LLC

**Current Principal Place of Business:**

16400 COLLINS AVE  
UNIT 1545  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16400 COLLINS AVE  
UNIT 1545  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 47-5236514

**Certificate of Status Desired:** No

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

NICOLA, LUIZ FERNANDO S  
16400 COLLINS AVE  
UNIT 1545  
SUNNY ISLES BEACH, FL 33160 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:** LUIZ FERNANDO S NICOLA

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FANGANIELLO, FABIO  
Address 16400 COLLINS AVE  
UNIT 1545  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name FIRPO MUSUMECI, MARCELO  
Address 16400 COLLINS AVE  
UNIT 1545  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** FIRPO MUSUMECI , MARCELO

MGR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date