

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000173906

**Entity Name:** NUTRI-ELIXIR, LLC

**Current Principal Place of Business:**

8360 W OAKLAND PARK BLVD  
113  
SUNRISE, FL 33351

**Current Mailing Address:**

P.O. BOX 450956  
FORT LAUDERDALE, FL 33345 US

**FEI Number:** 47-5377474

**Certificate of Status Desired:** No

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

TRUJILLO, ALVARO  
9831 NW 24 ST  
SUNRISE, FL 33322 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 TRUJILLO, ALVARO  
Address 9831 NW 24 ST  
City-State-Zip: SUNRISE FL 33322

*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:** ALVARO TRUJILLO

MGR

03/30/2022

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

\_\_\_\_\_ Date