

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000193325

**Entity Name:** NUTRAIMMUNE, LLC**Current Principal Place of Business:**240 CRANDON BLVD  
SUITE 232  
KEY BISCAYNE, FL 33149**Current Mailing Address:**240 CRANDON BLVD  
SUITE 232  
KEY BISCAYNE, FL 33149 US**FEI Number:** 47-5625060**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEISS SEROTA HELFMAN COLE & BIERMAN, PL  
C/O MARC SOLOMON, ESQ.  
2525 PONCE DE LEON BLVD. SUITE 700  
CORAL GABLES, FL 33134 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:** MARC SOLOMON

04/19/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ACQUAVIVA, JORGE  
Address 240 CRANDON BLVD  
SUITE 232  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name URBINA, SANTIAGO D  
Address 240 CRANDON BLVD  
SUITE 232  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name ARIAS, LAURA  
Address 240 CRANDON BLVD  
SUITE 232  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name BRITTO, MARVET  
Address 240 CRANDON BLVD  
SUITE 232  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** JORGE ACQUAVIVA**AUTHORIZED MEMBER**

04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date