

2019 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: No

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

04/04/2019

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

AMBR

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date