

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000167379

Entity Name: NUTRAPHARM HEALTH, LLC**Current Principal Place of Business:**2385 NW EXECUTIVE CENTER DRIVE, SUITE 370
BOCA RATON, FL 33431**Current Mailing Address:**2385 NW EXECUTIVE CENTER DRIVE, SUITE 370
BOCA RATON, FL 33431 UN**FEI Number:** 82-2965207**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOBEL, JEFFREY E
2385 NW EXECUTIVE CENTER DRIVE, SUITE 370
BOCA RATON, FL 33431 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	SOBEL, JEFFREY E
Address	2385 NW EXECUTIVE CENTER DRIVE, SUITE 370
City-State-Zip:	BOCA RATON FL 33431

Title	AUTHORIZED MEMBER
Name	JLEJM SF1 LLLP
Address	2385 NW EXECUTIVE CENTER DRIVE, SUITE 370
City-State-Zip:	BOCA RATON FL 33431

Title	AUTHORIZED MEMBER
Name	TATYANA BAZELAIS, TRUSTEE
Address	923 NORTHEAST 26TH AVENUE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	AUTHORIZED MEMBER
Name	DEMARE, CAROL G
Address	2385 NW EXECUTIVE CENTER DRIVE, SUITE 370
City-State-Zip:	BOCA RATON FL 33431

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: JEFFREY E SOBEL**MEMBER****04/30/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date