

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000034152

**Entity Name:** RENEWED LIFE NUTRITION LLC

**Current Principal Place of Business:**

921 NW 48TH STREET  
MIAMI, FL 33127

**Current Mailing Address:**

921 NW 48TH STREET  
MIAMI, FL 33127 US

**FEI Number:** 82-0604925

**Certificate of Status Desired:** No

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

ANDERSON, KELITHA T  
921 NW 48TH STREET  
MIAMI, FL 33127 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 AR  
Name ANDERSON, KELITHA T  
Address 921 NW 48TH STREET  
City-State-Zip: MIAMI FL 33127

*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:** KELITHA ANDERSON

**OWNER**

**05/01/2018**

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

\_\_\_\_\_  
Date