

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000158958

**Entity Name:** GLOBAL NUTRITION PROFESSIONALS - CONSULTING, LLC

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**2901963958CC**

**Current Principal Place of Business:**

6900 SW 44TH STREET  
210  
MIAMI, FL 33155

**Current Mailing Address:**

6900 SW 44TH STREET  
210  
MIAMI, FL 33155 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

PEREGONZA LAW GROUP, PLLC  
1414 NW 107TH AVE  
SUITE #302  
DORAL, FL 33172 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 TRAK, MARIA A DR  
Address 6900 SW 44TH ST.,APT 210  
City-State-Zip: MIAMI FL 33155

Title AMBR  
Name LOPEZ, MARISOL  
Address CALLE CONCORDIA 12, 2 D  
City-State-Zip: OURENSE GL 32003

Title AMBR  
Name GUTIERREZ, MARLEN  
Address AV. LA COLINA, C-17. EDIF.  
VISTAVILA, 202C  
City-State-Zip: CARACAS DC 1080

Title AMBR  
Name PEREZ, ANALY  
Address 44 KNAPTON DR, NEWMARKET  
City-State-Zip: ONTARIO, L3X3A9

Title AMBR  
Name BERNAL, JENNIFER DR.  
Address CARREAR 30 #10-159  
PALMAR DE LA CONCHA, MD  
City-State-Zip: 050021 CO

*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: MARIA TRAK**

**MGR**

**05/01/2019**

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

\_\_\_\_\_  
Date