

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000132060

**Entity Name:** MI NUTRITION BLOOMFIELD HILLS, L.L.C.

**Current Principal Place of Business:**

18144 MATANZAS RD  
FORT MYERS, FL 33967

**Current Mailing Address:**

319 SOUTH MAIN STREET  
ROYAL OAK, MI 48067 US

**FEI Number: 83-0718807**

**Certificate of Status Desired: No**

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

CRISWELL, ZACHERY  
18144 MATANZAS RD  
FORT MYERS, FL 33967 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            AMBR  
Name            CRISWELL, DALTON  
Address        319 SOUTH MAIN STREET  
City-State-Zip: ROYAL OAK MI 48067

Title            AMBR  
Name            PONDS, KATHLEEN  
Address        319 SOUTH MAIN STREET  
City-State-Zip: ROYAL OAK MI 48067

*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: DALTON CRISWELL**

**AMBR**

**02/11/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date