

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000172718

**Entity Name:** NUTRITION BROTHERS LLC

**Current Principal Place of Business:**

14 LIVE OAK ST, GULF BREEZE FL  
A-5  
GULF BREEZE, FL 32561

**Current Mailing Address:**

14 LIVE OAK ST, GULF BREEZE FL  
A-5  
GULF BREEZE, FL 32561 UN

**FEI Number:** 82-2078870

**Certificate of Status Desired:** No

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

BARRERAS, JAMEN  
7734 NAVARRE PARKWAY  
#402  
NAVARRE, FL 32566 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 BARRERAS, JACE  
Address 7734 NAVARRE PARKWAY #402  
City-State-Zip: NAVARRE FL 32566

Title MGR  
Name BARRERAS, JAMEN  
Address 7734 NAVARRE PARKWAY #402  
City-State-Zip: NAVARRE FL 32566

Title MGR  
Name BARRERAS, CLINT  
Address 7734 NAVARRE PARKWAY #402  
City-State-Zip: NAVARRE FL 32566

*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:** JAMEN BARRERAS

**PRESIDENT**

**03/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date