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: PATRICK ESCE

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

05/01/2024

Name and Address of Current Registered Agent:

ESCE, PATRICK B 2349 VANDERBILT BEACH RD SUITE 518

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	PATRICK ESCE		05/01/2024
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	ESCE, PATRICK B	Name	MITCHELL, JEREMY M
Address	2349 VANDERBILT BEACH RD SUITE 518	Address	2349 VANDERBILT BEACH RD SUITE 508
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

NAPLES, FL 34109 US

DOCUMENT# L18000191592

Entity Name: ATLAS NUTRACEUTICALS LLC

Current Principal Place of Business:

2349 VANDERBILT BEACH RD SUITE 518 NAPLES, FL 34109

Current Mailing Address:

2349 VANDERBILT BEACH RD **SUITE 518** NAPLES, FL 34109 US

FEI Number: 83-1643384

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

FILED May 01, 2024 Secretary of State 8681685929CC

Date