

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000232062

**Entity Name:** CS NUTRITION LLC

**Current Principal Place of Business:**

1625 S FEDERAL HWY  
#214  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1625 S FEDERAL HWY  
#214  
POMPANO BEACH, FL 33062 US

**FEI Number:** 83-2100412

**Certificate of Status Desired:** No

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

SEDDON, CHLOE  
1625 S FEDERAL HWY  
APT 214  
POMPANO BEACH, FL 33062 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            OWNER  
Name            SEDDON, CHLOE  
Address        1625 S FEDERAL HWY  
                  APT 214  
City-State-Zip: POMPANO BEACH FL 33062

*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:** CHLOE SEDDON

MS RDN LDN

03/07/2024

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

\_\_\_\_\_  
Date