# 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

SIGNATURE: W PAULINE FORSHEE

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L21000172533

Entity Name: JOY RISING NUTRITION LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

744 SW ARUBA BAY PORT SAINT LUCIE. FL 34986

#### **Current Mailing Address:**

744 SW ARUBA BAY PORT SAINT LUCIE. FL 34986 US

#### FEI Number: 86-3416795

### Name and Address of Current Registered Agent:

FORSHEE, W. PAULINE 744 SW ARUBA BAY PORT ST. LUCIE, FL 34986 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

#### Authorized Person(s) Detail :

Title	MGR	Title	AR
Name	FORSHEE, W PAULINE	Name	FORSHEE, TERRY N
Address	744 SW ARUBA BAY	Address	744 SW ARUBA BAY
City-State-Zip:	PORT ST. LUCIE FL 34986	City-State-Zip:	PORT SAINT LUCIE FL 34986

that my name appears above, or on an attachment with all other like empowered. 01/03/2024 MANAGER

#### FILED Jan 03, 2024 Secretary of State 0608509022CC

Certificate of Status Desired: Yes

Date

Date