

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000342752

**Entity Name:** EVLUTION NUTRITION LLC

**Current Principal Place of Business:**

4631 JOHNSON ROAD  
SUITE 1  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4631 JOHNSON ROAD  
SUITE 1  
COCONUT CREEK, FL 33073 US

**FEI Number:** 47-5390554

**Certificate of Status Desired:** Yes

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

HEMMINGWAY, CHARLES  
4631 JOHNSON ROAD  
SUITE 1  
COCONUT CREEK, FL 33073 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 SPINNER, MICHAEL  
Address 4631 JOHNSON ROAD  
SUITE 1  
City-State-Zip: COCONUT CREEK FL 33073

Title MGR  
Name HEMMINGWAY, CHARLES  
Address 4631 JOHNSON ROAD  
SUITE 1  
City-State-Zip: COCONUT CREEK FL 33073

Title MGR  
Name BAER, BRIAN  
Address 239 2ND AVENUE S - 2ND FLOOR  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name JAGGI, MARK  
Address 239 2ND AVENUE S - 2ND FLOOR  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name BUNCH, DAVE  
Address 239 2ND AVENUE S - 2ND FLOOR  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** MICHAEL SPINNER

MGR

01/25/2024

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

\_\_\_\_\_  
Date