

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000364252

Entity Name: PRIMAL DESCENT NUTRITION LIMITED LIABILITY COMPANY

Current Principal Place of Business:

21549 SHADY GROVE RD.
GROVELAND, FL 34736

Current Mailing Address:

21549 SHADY GROVE RD.
GROVELAND, FL 34736 US

FEI Number: 87-2197430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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: UNITED STATES CORPORATION AGENTS

05/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GARCIA, CHRISTINA
Address 21549 SHADY GROVE RD.
City-State-Zip: GROVELAND FL 34736

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: CHRISTINA GARCIA

AMBR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date