

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000447642

**Entity Name:** HIGH QUALITY NUTRITIONS LLC

**Current Principal Place of Business:**

6039 COLLINS AVE APT 1505  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6039 COLLINS AVE APT 1505  
MIAMI BEACH, FL 33140 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

NEDIC, DEJAN  
6039 COLLINS AVE APT 1505  
MIAMI BEACH, FL 33140 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	AMBR	Title	AMBR
Name	NEDIC, DEJAN	Name	STOSIC, NENAD
Address	6039 COLLINS AVE APT 1505	Address	6039 COLLINS AVE APT 1505
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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:** DEJAN NEDIC

CEO

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date