

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000264864

**Entity Name:** NEWBERRY NUTRITION, LLC

**Current Principal Place of Business:**

305 SW 250TH ST  
NEWBERRY, FL 32669

**Current Mailing Address:**

305 SW 250TH ST  
NEWBERRY, FL 32669 US

**FEI Number:** 47-0902841

**Certificate of Status Desired:** No

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

HOLMES, KARRIE  
14749 SW 85TH TRL  
LAKE BUTLER, FL 32054 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 HOLMES, KARRIE  
Address 14749 SW 85TH TRL  
City-State-Zip: LAKE BUTLER FL 32054

*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:** KARRIE HOLMES

**OWNER**

**04/23/2024**

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

\_\_\_\_\_  
Date