

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000342980

**Entity Name:** TRUMETABOLIX LLC

**Current Principal Place of Business:**

2338 IMMOKALEE RD  
STE 172  
NAPLES, FL 34110

**Current Mailing Address:**

2338 IMMOKALEE RD  
STE 172  
NAPLES, FL 34110

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HILL, CHRISTOPHER R  
2338 IMMOKALEE RD  
STE 172  
NAPLES, FL 34110 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  
Name            VASQUEZ, INDIGO V  
Address        11310 HURON ST STE 240  
City-State-Zip: NORTHGLENN CO 80233

Title            AMBR  
Name            CHRISTOPHER R HIILL  
Address        2338 IMMOKALEE RD STE 172  
City-State-Zip: NAPLES FL 34110

Title            AMBR  
Name            WELLS, EVAN  
Address        3730 MIDTOWN DR. APT. 1217  
City-State-Zip: TAMPA FL 33607

Title            AMBR  
Name            ECHEVARRIA, ANGEL G  
Address        1726 PEER DR  
City-State-Zip: HOUSTON TX 77043

*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:** CHRISTOPHER R HILL

AMBR

02/15/2023

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

\_\_\_\_\_  
Date