

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000379737

**Entity Name:** DREAM COAST NUTRITION LLC

**Current Principal Place of Business:**

439 KANUHA DRIVE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

439 KANUHA DRIVE  
FORT WALTON BEACH, FL 32547 US

**FEI Number: 88-4106261**

**Certificate of Status Desired: No**

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

GREESON, AUBRI  
439 KANUHA DRIVE  
FORT WALTON BEACH, FL 32547 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	MGRM	Title	MGRM
Name	GREESON, AUBRI	Name	VELEZ, DESTYN
Address	439 KANUHA DRIVE	Address	439 KANUHA DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32547	City-State-Zip:	FORT WALTON BEACH FL 32547

*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: AUBRI GREESON**

**MGRM**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date