

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000485173

**Entity Name:** KISSIMMEE NUTRITION LLC

**Current Principal Place of Business:**

1710 KELLEY AVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2802 OSPREY COVE PL  
102  
KISSIMMEE, FL 34746 US

**FEI Number:** 92-1059138

**Certificate of Status Desired:** No

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

QUESTELL, YAMILEX  
2802 OSPREY COVE PL  
102  
KISSIMMEE, FL 34746 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 MS  
Name QUESTELL , YAMILEX  
Address 2802 OSPREY COVE PL  
102  
City-State-Zip: KISSIMMEE FL 34746

*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:** YAMILEX QUESTELL

MS

04/10/2023

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

\_\_\_\_\_ Date