

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000190214

**Entity Name:** NUTRIPASSIONS LLC

**Current Principal Place of Business:**

14231 SW 78 STREET  
MIAMI, FL 33173

**Current Mailing Address:**

PO BOX 830726  
MIAMI, FL 33283 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

CA CORPORATE SERVICES INC.  
14231 SW 78 STREET  
MIAMI, FL 33173 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	Title	MGR
Name	MESTRE, OCTAVIO	Name	LEON, YURI
Address	PO BOX 830726	Address	PO BOX 830726
City-State-Zip:	MIAMI FL 33283	City-State-Zip:	MIAMI FL 33283

*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:** OCTAVIO MESTRE

**MGR**

**07/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date