

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M12000002363

Entity Name: NU LIFE MED, LLC

Current Principal Place of Business:

250 NORTH COMMERCIAL STREET
SUITE 3003
MANCHESTER, NH 03101

Current Mailing Address:

250 NORTH COMMERCIAL STREET
SUITE 3003
MANCHESTER, NH 03101 US

FEI Number: 27-0780771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE CENTER
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MEMBER	Title	AUTHORIZED PERSON
Name	HRADECKY, JAMES	Name	AVESTRO, MICHAEL
Address	250 NORTH COMMERCIAL STREET SUITE 3003	Address	250 NORTH COMMERCIAL STREET SUITE 3003
City-State-Zip:	MANCHESTER NH 03101	City-State-Zip:	MANCHESTER NH 03101
Title	PRESIDENT		
Name	COSTELLO, NEIL		
Address	154 INTERLOCHEN DRIVE		
City-State-Zip:	PEACHTREE CITY GA 30269		

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: MICHAEL AVESTRO

AUTHORIZED PERSON

02/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date