

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001369

**Entity Name:** COEXIST NUTRITION, LLC

**Current Principal Place of Business:**

7350 SW 48TH STREET  
MIAMI, FL 33155

**Current Mailing Address:**

PO BOX 432110  
MIAMI, FL 33243 US

**FEI Number:** 61-1815537

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	CEO	Title	CFO
Name	BORGES, MARCO	Name	LEFFIN, MARC
Address	7350 SW 48TH STREET	Address	7350 SW 48TH STREET
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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:** MARC LEFFIN

**CFO**

**05/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date