

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000108348

**Entity Name:** HELION NUTRACEUTICALS, LLC

**Current Principal Place of Business:**

ROUTE DE SAINT-CERGUE 24 BIS  
#1022  
NYON, VD 1260

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**9880112245CC**

**Current Mailing Address:**

C/O 1719 BUSINESS CENTER LANE  
KISSIMMEE, FL 00000 US

**FEI Number:** 20-5932768

**Certificate of Status Desired:** No

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

BECK, ANTHONY G  
C/O 1719 BUSINESS CENTER LANE  
KISSIMMEE, FL 00000 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  
Name REX TETELESTAI EXPRESS TRUST  
Address ROUTE DE SAINT-CERGUE 24 BIS  
#1022  
City-State-Zip: NYON VD 1260

*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:** ANTHONY G BECK

**AGENT**

**04/30/2024**

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

\_\_\_\_\_ Date