

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000111757

Entity Name: INTEGRATIVE NUTRITION EVENTS, LLC

Current Principal Place of Business:

245 5TH AVE 7TH FL
NEW YORK, NY 10016

Current Mailing Address:

245 5TH AVE 7TH FL
NEW YORK, NY 10016 US

FEI Number: 27-4157033

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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 MGRM
Name ROSENTHAL, JOSHUA
Address 3 EAST 28TH STREET 12TH FLOOR
City-State-Zip: NEW YORK NY 10016

Title MGR
Name PERSAD, NISHA
Address 245 5TH AVE 7TH FL
City-State-Zip: NEW YORK NY 10016

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: NISHA PERSAD

ASST. CONTROLLER

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date