

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000016488

Entity Name: THE MEDICAL NUTRITION CENTER, LLC

Current Principal Place of Business:

1646 WEST SNOW AVENUE
15
TAMPA, FL 33606

Current Mailing Address:

1646 WEST SNOW AVENUE
15
TAMPA, FL 33606 US

FEI Number: 27-4933908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRODER, JENNIFER
1646 WEST SNOW AVENUE
15
TAMPA, FL 33606 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: JENNIFER BRODER

01/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BRODER, JENNIFER
Address 1646 WEST SNOW AVENUE
15
City-State-Zip: TAMPA FL 33606

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: JENNIFER BRODER

MGR

01/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date