

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000158859

Entity Name: INTEGRATIVE NUTRITION THERAPEUTICS, LLC

Current Principal Place of Business:

2560 NE 190TH ST., #2C
MIAMI, FL 33180

Current Mailing Address:

2560 NE 190TH ST., #2C
MIAMI, FL 33180 US

FEI Number: 46-1687521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TABALLIONE, PIETRO
2560 NE 190TH ST., #2C
MIAMI, FL 33180 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 CIORCIARI, MARISSA J
Address 2560 NE 190TH ST.
#2C
City-State-Zip: MIAMI FL 33180

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: MARISSA CIORCIARI

OWNER

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date