

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000170386

**Entity Name:** PRIMELIFE NUTRITION, LLC

**Current Principal Place of Business:**

16748 TALL GRAAS LANE  
CLERMONT, FL 34711

**Current Mailing Address:**

16748 TALL GRAAS LANE  
CLERMONT, FL 34711 US

**FEI Number:** 46-4282582

**Certificate of Status Desired:** No

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

SKY, MICHAEL  
16748 TALL GRAAS LANE  
CLERMONT, FL 34711 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 SKY, MICHAEL  
Address 16748 TALL GRAAS LANE  
City-State-Zip: CLERMONT FL 34711

Title AUTHORIZED MEMBER  
Name SKY, OLGA  
Address 16748 TALL GRASS LANE  
City-State-Zip: CLERMONT FL

*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:** SKY MICHAEL

**MANAGER**

**04/30/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date