

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000173904

Entity Name: NUTRICERCISE, LLC

Current Principal Place of Business:

3109 LITHIA PINECREST RD.
VALRICO, FL 33596

Current Mailing Address:

P. O. BOX 2724
VALRICO, FL 33595 US

FEI Number: 46-4489448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUCE, THOMAS LLOYD DR.
3109 LITHIA PINECREST RD.
VALRICO, FL 33596 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: BRUCE L THOMAS, DC

04/04/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name THOMAS, BRUCE TRUSTEE
Address P. O. BOX 2724
City-State-Zip: VALRICO FL 33595

Title MGRM
Name THOMAS, BRUCE
Address P. O. BOX 2724
City-State-Zip: VALRICO FL 33595

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: BRUCE L. THOMAS

MEMBER

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date