2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2019
Secretary of State
9744967803CC

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Entity Name: WIZE NUTRITION THERAPY LLC

Current Principal Place of Business:

34876 US HWY 19N
PALM HARBOR, FL 34684

Current Mailing Address:

1153 MAIN ST
SUITE 102
DUNEDIN, FL 34698 US

FEI Number: 47-4918509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NWANNA, NWANDO O
3637 CHATHAM DR
PALM HARBOR, FL 34684 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	MGR	Title	AUTHORIZED MEMBER
Name	NWANDO OBIANUJU NWANNA TRUSTEE	Name	NWANDO OBIANUJU NWANNA TRUSTEE
Address	3637 CHATHAM DR	Address	3637 CHATHAM DR
City-State-Zip:	PALM HARBOR FL 34684	City-State-Zip:	PALM HARBOR FL 34684

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: NWANDO NWANNA MGR 02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date