

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000144067

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
Name NWANDO OBIANUJU NWANNA
TRUSTEE
Address 3637 CHATHAM DR
City-State-Zip: PALM HARBOR FL 34684

Title AUTHORIZED MEMBER
Name NWANDO OBIANUJU NWANNA
TRUSTEE
Address 3637 CHATHAM DR
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

05/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date