

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000144067

Entity Name: WIZE NUTRITION THERAPY LLC

Current Principal Place of Business:

1153 MAIN ST
SUITE 104
DUNEDIN, FL 34698

Current Mailing Address:

1153 MAIN ST
SUITE 104
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 NWANNA, NWANDO O
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

MANAGER

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date