

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000176140

**Entity Name:** GULF COAST NUTRITIONAL SUPPLEMENTS L.L.C.

**Current Principal Place of Business:**

1899 RESERVE BLVD  
UNIT 24  
GULF BREEZE, FL 32563

**Current Mailing Address:**

1899 RESERVE BLVD  
UNIT 24  
GULF BREEZE, FL 32563

**FEI Number: 81-3479915**

**Certificate of Status Desired: No**

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

HOLDEN, CHRISTOPHER  
1913 CLUB CIRCLE, APT 6  
APT 6  
HARRISON, FL 72601 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            CEO  
Name            HOLDEN, CHRISTOPHER M  
Address        1899 RESERVE BLVD  
City-State-Zip: GULF BREEZE FL 32563

*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: CHRISTOPHER HOLDEN**

**CEO**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date