

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000005309

**Entity Name:** NUTRITION LINK AMERICAS, LLC.

**Current Principal Place of Business:**

1500 NW 89 CT  
STE 210  
DORAL, FL 33172

**Current Mailing Address:**

1500 NW 89 CT  
STE 210  
DORAL, FL 33172 US

**FEI Number:** 35-2583656

**Certificate of Status Desired:** No

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

CAPITAL ACCOUNTS, INC.  
1500 NW 89 CT  
STE 210  
DORAL, FL 33172 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	MGR
Name	REBOLLEDO, CARLOS M	Name	SOTOMAYOR, MARIA C
Address	1500 NW 89 CT STE 210	Address	1500 NW 89 CT STE 210
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

*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:** REBOLLEDO , CARLOS M

**MANAGER**

**04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date