

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000030254

**Entity Name:** NEW PATH NUTRITION LLC

**Current Principal Place of Business:**

4 SUNNY BEACH DR.  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

4 SUNNY BEACH DR.  
ORMOND BEACH, FL 32176 US

**FEI Number:** 81-5261807

**Certificate of Status Desired:** No

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

FLEISCHER, MICHAEL DR.  
4 SUNNY BEACH DR.  
ORMOND BEACH, FL 32176 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, OWNER  
Name FLEISCHER, MICHAEL DR.  
Address 4 SUNNY BEACH DR.  
City-State-Zip: ORMOND BEACH FL 32176

Title AUTHORIZED MEMBER  
Name GIBSON, HELEN  
Address 4 SUNNY BEACH DR.  
City-State-Zip: ORMOND BEACH FL 32176

*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: MICHAEL FLEISCHER**

**OWNER**

**01/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date