

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000156279

**Entity Name:** LIPTIS NUTRITION SARL, LLC

**Current Principal Place of Business:**

400 GARDEN CITY PLAZA  
GARDEN CITY, NY 11530

**Current Mailing Address:**

1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FEI Number:** 84-2278188

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** SHARIF OMAR

01/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OMAR, SHARIF  
Address 400 GARDEN CITY PLAZA  
City-State-Zip: GARDEN CITY NY 11530

Title MGR  
Name OMAR, MAHA  
Address 400 GARDEN CITY PLAZA  
City-State-Zip: GARDEN CITY NY 11530

*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:** SHARIF OMAR

MANAGER

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date