## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000187763

**Entity Name: NSP NUTRITION LLC** 

**Current Principal Place of Business:** 

690 MAIN STREET

SAFETY HARBOR, FL 34695-3551

**Current Mailing Address:** 

1329 N 2400 W LEHI. UT 84043 US

FEI Number: 84-2620517 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, MIKE RYAN 690 MAIN STREET SAFETY HARBOR, FL 34695-3551 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: MIKE RYAN WILLIAMS 06/08/2020

Electronic Signature of Registered Agent

Date

**FILED** Jun 08, 2020

**Secretary of State** 

5275778423CC

Authorized Person(s) Detail:

Title MGR

Name WILLIAMS, MIKE RYAN Address 690 MAIN STREET

City-State-Zip: SAFETY HARBOR FL 34695-3551

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.

Electronic Signature of Signing Authorized Person(s) Detail