

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000232789

**Entity Name:** MK SUPPLEMENTS LLC

**Current Principal Place of Business:**

527 D STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

527 D STREET  
CLEARWATER, FL 33756 US

**FEI Number:** 84-3148206

**Certificate of Status Desired:** No

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

WOODAREK, KRISTEN L  
3547 MORGANS BLUFF CT.  
LAND O LAKES, FL 34639 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  
Name WOODAREK, KRISTEN L  
Address 3547 MORGANS BLUFF CT.  
City-State-Zip: LAND O LAKES FL 34639

Title MGR  
Name WOODAREK, MARTIN P  
Address 3547 MORGANS BLUFF CT.  
City-State-Zip: LAND O LAKES FL 34639

*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:** KRISTEN WOODAREK

**OWNER**

**03/19/2020**

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

\_\_\_\_\_  
Date