

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000090145

Entity Name: NUTRAD2C, LLC

Current Principal Place of Business:

5132 LAND O LAKES BLVD
SUITE 107
LAND O LAKES, FL 34639

Current Mailing Address:

5132 LAND O LAKES BLVD
SUITE 107
LAND O LAKES, FL 34639 US

FEI Number: 61-1913978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, NATALIE
5132 LAND O LAKES BLVD
SUITE 107
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 MEMB
Name BERGREN, JOHNATHAN
Address 301-HARBOR PL DR.
City-State-Zip: TAMPA FL 33602

Title MEMB
Name CARAPPELLA, DAMIEN
Address 10054-CORSO MILANO DRIVE
City-State-Zip: TAMPA FL 33625

Title MEMB
Name CARAPPELLA, GEORGE
Address 617 15TH AVE NW
City-State-Zip: RUSKIN FL 33570

Title MEMB
Name LIPSTEIN, ALAN
Address 13014 N. DALE MABRY HWY
City-State-Zip: TAMPA FL 33618

Title AUTHORIZED REPRESENTATIVE
Name COLLINS, NATALIE D
Address 5132 LAND O LAKES BLVD
SUITE 107
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: NATALIE D COLLINS

**AUTHORIZED
REPRESENTATIVE**

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date